Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2020

Submission to the Health and Environment Committee regarding the Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2020 (Bill)

To: Committee Secretary
Health and Environment Committee
Parliament House
George Street
BRISBANE QLD 4000
E.: hec@parliament.qld.gov.au

From: Senator Malcolm Roberts
Senator for Queensland
[redacted]
E: [redacted]
P: [redacted]

Date: 12 January 2021

Submission

Please accept this submission to the Health and Environment Committee Inquiry into the Bill.

In making this submission, I speak for many concerned Queenslanders who are afraid for their future, for their jobs and for the debt that their children and future generations will have to repay because of the actions, omissions and inaction of the Palaszczuk Government.

The original powers granted by the Palaszczuk Government under this legislation were developed without consultation, behind closed doors and granted in haste, following a late-night emergency sitting of parliament without any public debate.

This submission to extend the delegated powers proposes that while it is unknown as to how much longer COVID-19 will continue to exist, it is time we realised that legislation such as this and indeed the virus itself has both enslaved us and breached our fundamental human rights.

There is a fundamental difference between keeping us safe from public health emergencies and in handing power and accountability over from our elected representatives and giving control of the state to a bureaucrat who does not possess the broad skills and capability to protect from all risks including our economy, our jobs and our emotional wellbeing.

It is time that we mastered COVID-19 and it is time the Palaszczuk government actually took responsibility for managing how we live with COVID-19 and letting the Chief Health Officer get on with what she is accountable for, the health of Queenslanders. This government that must take responsibility for getting us through COVID-19 and for the fallout of these decisions.

Introduction

The public health threat COVID-19 posed has led the Australian states to impose significant restrictions on individual behaviour and freedom of movement. These restrictions vary according to the current arbitrarily declared virus 'hotspots' and they also vary among the states.

On 29 January 2020, the Minister for Health and Minister for Ambulance Services declared a public health emergency under section 319 of the Public Health Act due to the outbreak of 2019-nCoV within China, its pandemic potential due to cases spreading to other countries and the public health implications within Queensland resulting from recently arrived travellers from the epicentre of the outbreak. The public health emergency was declared for all of Queensland.

Queensland was also quick to declare both a disaster situation and public health emergency in response to the global outbreak of coronavirus. A 'disaster situation' was declared over the whole of Queensland on 22 March 2020 under s 69 of the Disaster Management Act. Since that initial declaration, the duration of the emergency has been extended several times by regulation and it appears that the Palaszczuk government thinks it could continue for another year!

Under sections 322 and 323 of the Public Health Act, a declared public health emergency usually ends seven days after the day it is declared, unless extended by a regulation. The public health emergency can be further extended by a regulation for a period of up to seven days. And there is no limit on the number of times the public health emergency can be extended by regulation for further seven-day periods though under this process power is held closer to the accountable government of the day.

While this Bill is generally consistent with fundamental legislative principles in the Legislative Standards Act 1992, I note that Section 4(2)(a) of the Legislative Standards Act provides that fundamental legislative principles include requiring that legislation has sufficient regard to rights and liberties of individuals.

This includes, for example, whether the legislation makes rights and liberties, or obligations, dependent on administrative power only if the power is sufficiently defined and subject to appropriate review; the section provides for delegation of administrative power only in appropriate cases and to appropriate persons. What has been ignored here is that the power being exercised extends well outside the limits of healthcare because it impacts everyday Queenslanders lives, livelihoods and jobs.

The powers vested impact Queenslanders far more broadly than healthcare and the Palaszczuk government has hidden behind the Chief Health Officer rather than more appropriately respecting her as a health adviser and doing the job themselves.

Breach of fundamental legislative principles

The government suggests that the COVID-19 outbreak has become an excuse for changes to law-making norms and processes purportedly to ensure that government can act quickly and effectively to respond to the evolving nature of the emergency. One feature of this changed landscape is the increasing reliance on delegated legislation. Delegated legislation is very common in Australia, but the challenges of COVID-19 have produced notable shifts in both its prevalence and its formal characteristics, shifting power and accountability from where it should be in government and cabinet and towards bureaucrats who are now forced to make 'life and death' decisions.

The use of delegated legislation in Queensland during the COVID-19 outbreak raises concerns about the way it undermines accepted legislative process. Our primary concern is that there is an absence of regular parliamentary procedures to provide oversight and validation for the outcomes of these new laws. And further this type of legislation suspends the normal process of parliamentary oversight and accountability by delegating power to change the operation of the primary legislation and it can divert contentious policy choices away from the public eye where it should be.

While the parliamentary process can be slow-moving sometimes, it requires lawmakers to be accountable for their decisions through a public vote thus enabling democratic decision-making and an accountable and transparent lawmaking process. The Chief Health Officer can do her job without these powers and the government can still be held to account, if Premier Palaszczuk and Minister D'Ath are slow to react then they should be held to account.

I contend that the initiating legislation and this Bill may potentially breach fundamental legislative principles, as it will provide for the continuation of the declared public health emergency which empowers emergency officers to compel persons to do or refrain from certain activities. This includes requiring persons not to enter or remain within a place, or to stay in a stated place; requiring persons to answer questions; and requiring persons to stop using a place for a stated purpose. Failure to comply with these requirements is an offence with a maximum penalty of 100 penalty units. What happened to good faith?

The powers of emergency officers are discretionary and are only expected to be exercised if there are significant risks to public health. Additionally, the Act includes protections to limit the exercise of emergency officers' powers. It is a serious breach of our rights when an emergency officer (medical) continues to have the power to order detention of a person if that person has or may have a serious disease or illness. Failure to comply with such a detention order is an offence with a maximum penalty of 200 penalty units.

The exercise of these emergency powers is likely to impact upon the rights and liberties of individuals. However, it is considered that any potential impact that the Bill has upon the rights and liberties of individuals in this context may be justified, given the need to protect the health of the public by managing the potential spread of COVID-19. That being said, if someone must be held to account for abuses of power it must lie with the government of the day.

Further, the amendment of s 323 (Extending declared public health emergency) at Clause 5 was proposed to act as a sunset clause for the amendments made to sections 323(3) and 323(4) by providing that the amendments made by clause 3 of this Bill will expire after 1 year. It was the clear intention for the Public Health Act to then revert to the existing section 323(3) and 323(4), which provides for Governor-in-Council to:

- make a regulation to extend a declared public health emergency for an initial period of 14 days from the date the emergency is declared; or
- make a regulation to further extend a declared public health emergency for a period of no more than 7 days.

In regard to the above, while it is unknown as to how much longer COVID-19 will continue to exist, it is time we realised that legislation such as this and indeed the mismanagement of the virus itself has both enslaved us and breached our fundamental human rights.

It is time that we mastered COVID-19 and it is time the Palaszczuk government actually took responsibility for managing our way out of COVID-19 and letting the Chief Health Officer get on with

what she is accountable for. Ultimately, it is the government that must take responsibility for getting us out of COVID-19 and for the fallout of their decisions.

Chief Health Officer

The Chief Health Officer was handed her sweeping powers to regulate people's behaviour – from mandating masks and hotel quarantine, to closing businesses and borders – in March last year to allow Queensland to respond to the emerging pandemic.

The original powers the Palaszczuk Government granted were developed and granted in haste, following a late-night emergency sitting of parliament without any public debate.

And what must be made clear is that delegated legislation as is the case here, is an exception to the separation of powers. It is made by the executive, including unelected departmental officials. It is not subject to close consideration and debate or the usual parliamentary oversight. And we did not elect the Chief Health Officer to rule our lives or to destroy our economy and jobs.

> *For the past 100 days, Dr Young has become probably the most powerful person in Queensland – a title she is reluctant to hold.*
>
> *"No, don't say that. No, I'm not," she says. "I'm here to advise."*
>
> ***Source:** Brisbane Times by Lydia Lynch April 30, 2020*

A significant number of directions have been made (and amended) by the Chief Health Officer (to 18 August 2020), including the following:

- Aged Care Direction (No 9)
- Border Restrictions Direction (No 11)
- Hospital Visitors Direction (No 5)
- Movement and Gathering Direction (No 2)
- Point of Care Serology Tests Direction
- Prescribing, Dispensing or Supply of Hydroxychloroquine Direction
- Protecting Public Officials and Workers (Spitting, Coughing and Sneezing) Direction (No 3)
- Restricting Cruise Ships from Entering Queensland Waters Direction (No 2)
- Restrictions on Businesses, Activities and Undertakings Direction (No 5)
- School and Early Childhood Service Exclusion Direction
- Seasonal Workers Health Management Plans Direction
- Self-isolation for Diagnosed Cases of COVID-19 Direction (No 3)
- Self-quarantine for Persons Arriving in Queensland From Overseas Direction (No 5)

On behalf of many concerned Queenslanders, I express my concerns for the elected Government abrogating its powers to a largely unrecognised health bureaucrat to determine how we live and what happens to our jobs and businesses.

Dr Young is a medical doctor and health administrator, she is neither an economist nor is she a private sector business management professional. She herself had stated that she has a 'self-

described short attention span[1]' and that she prefers handling issues (patients) 'quickly then moved on'. Further, she adds that: she is "a chief health officer who doesn't know anything about pathology and infectious disease".[2]

Yet this bureaucrat is now in the position of having to make decisions which affect our long-term health, our mental health, our state-wide economy and our jobs. This is plainly wrong, and it puts her outside of her skillset and into areas that must make her uncomfortable.

Queenslanders did not elect Dr Young (or the role of Chief Health Officer) to make such broad and far reaching decisions; the relevant accountable authority should, and must always be, the government of the day, the Palaszczuk Government. Instead of hiding, they must take responsibility.

Decisions and restrictions have been widespread and have affected:

- ✖ Businesses, activities and undertakings
- ✖ Seasonal workers
- ✖ Access to hospitals and aged care facilities
- ✖ School and early childhood service exclusion
- ✖ Travel to Queensland
- ✖ Border restrictions including cutting off people from loved ones or urgently needed care
- ✖ COVID-19 hotspots
- ✖ Going out, travel, recreation and gathering in Queensland
- ✖ Restrictions on impacted areas including restricted Local Government Areas
- ✖ Quarantine for International arrivals
- ✖ Restricting cruise ships in Queensland waters

It is far more appropriate for the Chief Health Officer to advise the Government of the day within the scope of her role and professional experience than for the Palaszczuk Government to hide behind the smile of a Doctor, who may not be qualified or experienced to consider multivariate problems, such as, what impact will a health decision have upon Queenslanders' lives, our mental health and the State's complex economy, or its' business and financial structure.

The Chief Health Officer's decisions may well see everyday Queenslanders lose their businesses, their jobs and even their homes. This is not a position for a bureaucrat to be put under, it is a job we expect our government to do and indeed to be accountable for.

In support of this statement I cite: "The Department of Health (the Department) must develop and maintain effective risk-based programs, plans and procedures to support health system-wide preparedness, and the capability to effectively respond to, coordinate and manage health-related aspects of disasters and emergency incidents in Queensland."[3]

This clearly demonstrates the scope that the Chief Health Officer and Queensland Health functions such as the State Health Emergency Coordination Centre (SHECC) have, are accustomed to, and are empowered to operate within.

[1] https://www.brisbanetimes.com.au/national/queensland/jeannette-young-who-is-the-woman-leading-queensland-s-fight-against-covid-19-20200406-p54hmd.html Brisbane Times 30 April 2020.
[2] https://www.couriermail.com.au/lifestyle/qweekend/the-real-jeannette-young-what-you-didnt-know-about-the-states-cho/news-story/85c7c87c2724f37a6569818ab3155efb Courier Mail 4 Dec 2020.
[3] Disasters and emergency incidents Standard QH-IMP-315-2:2018 (attached)

Further, it is not reasonable, nor is there any reference in the attached standard, her role description and/or other related documentation to the powers of the Chief Health Officer extending to have power over our state economy, our jobs, or our mortgages.

While Dr Young may have done a good job in helping to slow the spread of COVID-19, Queenslanders expect that we should be safe from both the health **and** the economic risks. That work is not finished, and most of that work should now be focussed on long-term strategies to manage the risk of COVID-19 and balancing the health risks with the economic risks. Reducing the economic and employment wreckage caused by COVID-19 is a task that must be the sole preserve and responsibility of the government of the day.

Premier Palaszczuk and her Cabinet should not be hiding behind the Chief Health Officer. It is time the Palaszczuk government showed us what they are doing to protect the economy and our jobs. They need a detailed plan based upon data, they need to be honest and to explain how many people are likely to lose their jobs and where, they need to show us the money and how it will be spent to keep people's jobs safe. And this is clearly not in the Chief Health Officer's role description.

The proposed Bill

This Bill amends the Public Health Act to allow a declared public health emergency to be extended by regulation for periods of up to 90 days. In accordance with section 324 of the Public Health Act, if the need for the declaration of the public health emergency is no longer required, the Minister will declare the end of the public health emergency and the emergency powers provided under chapter 8 will cease on the day the declaration ends.

As set out in the Bills explanatory notes, on 29 January 2020, a public health emergency was declared under section 319 of the Public Health Act 2005 due to the outbreak of COVID-19 which the Palaszczuk government clearly stated emanated from China.

The Queensland government declared public health emergency was extended until 31 December 2020 through regulation. The explanatory notes detail the legislation passed to support the Queensland Government's health response to COVID-19.

The proposed Bill seeks to amend the Justice and Other Legislation (COVID-19 Emergency Response) Amendment Act 2020, the Mental Health Act 2016, the Public Health Act 2005 and the Public Health and Other Legislation (Public Health Emergency) Amendment Act 2020 by extending the expiry dates of these provisions for a further six months until the end of September 2021 and also aligns the expiry dates for all the amendments made to Health portfolio legislation.

I note that in a public health emergency, the Chief Health Officer may be conferred with the powers necessary for them to take charge of public health, yet clearly the exercise of these powers has had a much greater impact on the social and economic fabric of Queensland. We have some concerns about these directions, having regard to the rule of law in Queensland and to law-making norms and procedures.

These concerns are heightened because the Chief Health Officer is a member of the public service and is not elected and accountable in the same way as Members of Parliament.

The Explanatory Notes[4] supporting this Bill states that:

"Having the ability to respond at short notice to an evolving epidemiological situation will continue to ensure public health objectives are met while also balancing the social and economic needs of the community …

Queensland Health will continue to monitor the situation in relation to COVID-19 and advise the Queensland Government, as required. If it is considered necessary to extend these amendments for a further period, another Bill will be introduced to the Legislative Assembly for consideration of the appropriateness of a further extension of these emergency response measures provided by the amendments to the Public Health Act and Mental Health Act."

The fact is that the Chief Health Officer and Queensland Health could perform the necessary health advisory role, as stated in the explanatory notes, without this power and thus vesting legislative power and oversight back where it should be in the state Government. The Palaszczuk government is simply using this legislation as a vehicle to avoid being held accountable for decisions that affect Queenslanders jobs, businesses and their health both physical and emotional. They must be held accountable – "Because the CHO said so" is not an excuse and it is good enough! It is dangerous and undermines governance and democracy.

In support of this statement, I note that in the Australian Senate, a view promoted through the scrutiny of Bills process, is that significant matters such as those that would touch so many everyday Australians as this legislation proposed to do, should be in primary legislation unless a sound justification for the use of delegated legislation is provided. In this instance, the explanatory notes contain insufficient justification regarding why it is necessary to allow such significant matters to be set out in delegated legislation. The reality is that the Chief Health Officer could continue to act without such a heavy burden being placed upon her and she would still be indemnified for her legitimate actions.

In respect of Queensland, we are concerned that the public health directions are haphazard and unstable, especially the Border Restrictions Direction, which has changed more than a dozen times. For example, Border Restriction No 11 was issued just 8 days after Border Restriction No 10, which was issued just 4 days after Border Restriction No 9. This created uncertainty which can make it difficult for members of the public to know what the law is and for business to operate. Especially when there were substantial penalties for non-compliance (100 penalty units under s 362D of the Public Health Act, which amounts to $13,345).

Further, the directions were published on the Queensland Health website (pursuant to s. 362B of the Public Health Act), this also contributed to uncertainty as people had more than one source to look to – the Palaszczuk government must be held responsible.

We also believe that while these health directions are binding and enforceable, they are not subject to the normal procedural requirements of subordinate legislation, such as tabling and disallowance under ss 49 and 50 of the Statutory Instruments Act, viz. although they are still a type of 'statutory instrument' under s 7 of that Act, and they have the force of law, the concern is that they are exempt from the usual parliamentary scrutiny. We must have parliamentary oversight of this and other regulations and I note that under the COVID-19 Act, regulations can be made that may be

[4] Public Health and Other Legislation (Extension of Expiring Provisions) Amendment Bill 2020 Explanatory Notes 2020

inconsistent with or override existing primary legislation, except for the Human Rights Act 2019 (Qld) e.g. (s 4(2).[5]

The Bill's explanatory note says a further extension past September may be required in the future.

This whole approach demonstrates that the Palaszczuk government expects that they will need to lock Queenslanders in well past September 2021, also telling us that our economy and our jobs will continue to be hammered by a virus that the government will not master. They have no plan to master COVID-19 and they have no solutions!

"*Queensland acted early and strengthened the laws because public safety is paramount*," the Premier said.[6] It is time the Premier was told that our economy and our jobs are important too and that it is time they mastered COVID-19. This government is proposing draconian lock in legislation because they do not want to take responsibility for either managing COVID-19 or for the business collapses and job losses that may happen, they must take control and be accountable for an integrated solution to keep Queenslanders and Queensland jobs safe. Taiwan did it, why can't we?

Additionally, the state of the economy has a big impact on people's physical and mental health.

Conclusion

During time of emergency it is especially important that we continue to hold governments to account in the exercise of their powers. Even in an emergency, governments must exercise their powers in accordance with the rule of law. A failure to do so can directly impact civil liberties. Further, if normal procedures are not observed, it opens the door for derogations from the rule of law to continue even when the current emergency has ended.

The explanatory note to this Bill states that a further extension past September may be required in the future. This whole approach demonstrates that the Palaszczuk government expects that they will need to lock Queenslanders in well past September 2021, also telling us that our economy and our jobs will continue to be hammered by a virus that the government will not master for at least another year. They are afraid to come up front and to tell us the truth, they have no plan to master COVID-19 and they have no solutions!

"Queensland acted early and strengthened the laws because public safety is paramount," the Premier said. It is time the Premier was told that our economy and our jobs are important too and essential for future health, and that it is time they mastered COVID-19. This government is proposing draconian lock in legislation because they do not want to take responsibility for either managing COVID-19 or for the business collapses and job losses that may happen. They must take control and be accountable for an integrated solution to keep Queenslanders and Queensland jobs safe.

As noted herein, it is not reasonable, nor is there any reference in Queensland Health Standards, her role description and/or other related documentation to the powers of the Chief Health Officer extending to have power over our state economy, our jobs, or our mortgages.

While the Chief Health Officer may have done a good job in helping to slow the spread of COVID-19, Queenslanders expect that we should be safe from both the health and the economic risks. And the

[5] Queensland Public Health Laws and COVID-19: A Challenge to the Rule of Law? 21/08/2020 / AUSPUBLAW
[6] Media Statement by the Premier and Minister for Trade, The Hon. Annastacia Palaszczuk, 16 March 2020. Reference: Peta Stephenson and Jonathan Crowe 'Queensland Public Health Laws and COVID-19: a Challenge to the Rule of Law' on AUSPUBLAW (21 August 2020)

work is not finished, and most of that work should now be focussed on long-term strategies to remove the risk of COVID-19 and properly manage the health risks with the economic risks. Reducing the economic and employment damage of COVID-19 is a task that must be the sole preserve and responsibility of the government of the day.

Premier Palaszczuk and her Cabinet should not be hiding behind the Chief Health Officer. It is time the Palaszczuk government showed us what they are doing to protect the economy and our jobs. They need a detailed plan based upon facts, they need to be honest and to explain how many people are likely to lose their jobs and where, they need to show us the money and how it will be spent to keep our jobs safe. And this is not in the Chief Health Officer's role description.

Malcolm Roberts
Senator for Queensland

ATTACHMENTS

Both the intention and the health standard express the point that the Chief Health Officer and the State Health Co-ordinator are responsible for health matters only, subject to terms of reference that do not seem to exist for the current emergency and are restricted to 'health related aspects':

1. Statement

The Department of Health (the Department) must develop and maintain effective risk-based programs, plans and procedures to support health system-wide preparedness, and the capability to effectively respond to, coordinate and manage health-related aspects of disasters and emergency incidents in Queensland.

2. Scope

The requirements in this standard align to and support:

- the principles and requirements in the *Department of Health Policy 28028:2017 Disasters and Emergency Incidents*
- the principles and requirements in the *Health Service Directive QH-HSD-003:2017 Disasters and Emergency Incidents*
- the principles and accountabilities in the Queensland Office of the Inspector-General Emergency Management's *Emergency Management Assurance Framework*.

This standard applies to all the Department's divisions and Commercialised Business Units and all employees, contractors and consultants within these.

3. Requirements

Governance

The Chief Health Officer and State Health Coordinator will:

- Develop and coordinate a strategic policy and planning framework for Queensland Health to support effective disaster and emergency incident management and alignment with Queensland's disaster management plans and arrangements[1].
- Develop and maintain a health service directive to ensure Hospital and Health Services (HHSs) fulfil legislated and other recognised functions, roles and responsibilities for disaster and emergency incident management, and regularly review and assess the directive to ensure fit for purpose[2].
- Ensure that arrangements are established and maintained between Queensland Health and appropriate health-related departments and committees of the Australian Government[3] with the Department represented as appropriate.

[1] Aligns with QDMC functions DM Act s. 18 (a)(b).
[2] Aligns with IGEM functions DM Act s.16C (d)(e).
[3] Aligns with QDMC functions DM Act s. 18 (c).

Queensland Government

- Establish an executive level disaster and emergency incident management committee that:
  - has clearly documented terms of reference, roles, responsibilities and accountabilities
  - has appropriate membership with the authority to make decisions and commit resources on behalf of department functions or capabilities represented
  - conducts meetings at least bi-annually, with a quorum of at least one half plus one members or proxies, and decisions and business recorded in minutes
  - provides regular reports to the Department's executive regarding disaster and emergency incident preparedness and activities.
- Establish an operational level disaster and emergency incident management committee, with representatives from across the Department and all HHSs, to act as a collaborative working unit to support the executive committee and promote cohesive and effective health service alignment at all levels of Queensland's disaster management arrangements.
- Document and maintain information about appointments to internal and external disaster and emergency incident decision making bodies, key roles and positions.
- Ensure the Department is represented on state level disaster management groups, and that representatives contribute to the group on behalf of the health system.
- Ensure the roles and responsibilities of external entities involved in the Department's response and recovery for disasters and emergency incidents are included in plans and arrangements.

All Divisions and Commercialised Business Units of the Department will:

- Provide appropriate membership to an executive level disaster and emergency incident management committee, an operational level disaster and emergency incident management committee, and other committees established under these as needed.
- Ensure persons appointed to key disaster and emergency incident committees, roles and positions are aware of, accept and fulfil their roles and responsibilities.
- Ensure representatives appointed to state level disaster management groups are aware of their responsibilities to fulfil the legislated functions of the group on behalf of the health system.
- Respond to requests and directions from the State Health Coordinator through the State Health Emergency Coordination Centre (SHECC), when activated.

Doctrine

The Chief Health Officer and State Health Coordinator will:

- Develop effective disaster and emergency incident plans and arrangements, including a *Queensland Health Disaster and Emergency Incident Plan*, that consider:
  - the *Queensland State Disaster Management Plan*
  - relevant frameworks and guidelines for disasters and emergency incidents, both within Queensland Health and through the disaster management system
  - the *Emergency Management Assurance Framework* and the Standard for Disaster Management in Queensland.

- Ensure disaster and emergency risk management processes are based on recognised methodology and consider:
  - the hazards and functions that are the responsibility of Queensland Health, the Department and/or HHSs in the *Queensland State Disaster Management Plan*
  - alignment with recognised state-level disaster risk management processes and outputs
  - residual risks identified and escalated to the Department by HHSs.
- In conjunction with appropriate areas of expertise within the Department, facilitate the provision of expert advice to stakeholders through effective plans and arrangements on health related aspects of disasters and emergency incidents, including:
  - health system coordination and medical services
  - public and environmental health
  - mental health
  - emergency medical retrieval
  - mass casualty and mass fatality management[4].
- Develop effective plans and arrangements to enable all stakeholders to prepare for, respond to and recover from the hazards for which Queensland Health is the primary agency, namely pandemic, biological (human related), radiological and heatwave[5].

All Divisions and Commercialised Business Units of the Department will:

- Ensure the Department's business continuity policies, plans and processes consider the potential disruptive impact of a disaster or emergency incident to critical business functions and processes.
- Ensure essential services or critical functions provided by the Department to HHSs that support or may impact on disaster and emergency incident response have appropriate plans in place to maintain supply.

Enablers

The Chief Health Officer and State Health Coordinator will:

- Establish and maintain cooperative partnerships to support information and resource management during disaster operations between the SHECC[6] and:
  - the Department's executive and operational disaster and emergency incident committees
  - functional areas of the Department that provide essential services or critical functions to support disaster and emergency incident response within HHSs
  - the Department's crisis management arrangements, if activated
  - HHSs and Health Emergency Operations Centres (HEOCs)
  - health-related departments, committees, groups and coordination centres of the Australian Government
  - state-level disaster management groups and the State Disaster Coordination Centre.

[4] See roles and responsibilities of Queensland Health in the *Queensland State Disaster Management Plan*.
[5] See hazard specific planning in the *Queensland State Disaster Management Plan*.
[6] If the SHECC is not activated, between the Health Disaster Management Unit and these entities.

- Establish and maintain communication and information systems for use in coordinating disasters and emergency incidents that are consistent and compatible with:
    - systems and processes in use by the State Disaster Coordinator Centre
    - systems and processes in use by HHSs
    - systems and processes identified in the *Queensland Health Incident Management System Guideline*.

All Divisions and Commercialised Business Units of the Department will:

- Contribute to and maintain cooperative partnerships to support information and resource management during disaster operations between their Division or Commercialised Business Unit and:
    - the SHECC
    - functional areas of the Department that provide essential services or critical functions to support disaster and emergency incident response within HHSs
    - the Department's crisis management arrangements, if activated
    - HHSs and HEOCs.
- Establish and maintain processes to:
    - identify potential resource gaps (human, financial and material) within their Division or Commercialised Business Unit before, during and after disaster and emergency incident operations
    - allocate and coordinate the use of resources during disasters and emergency incidents on request from the State Health Coordinator act on requests for assistance, resources or services from HHSs or HEOCs.

Capabilities

The Chief Health Officer and State Health Coordinator will:

- Ensure a functional SHECC can be activated, resourced and maintained, consistent with the *Queensland Health Incident Management System Guidelines*.
- Develop and maintain the capability to undertake disaster and emergency incident operations through:
    - identifying staff to participate in advisory and operational roles with the appropriate accreditation, skills, knowledge and experience
    - undertaking training of staff in line with the minimum requirements in the *Queensland Health Disaster and Emergency Incident Training Framework*
    - assessing training needs annually and maintaining a training plan
    - exercising plans, functions and capabilities based on identified need, at least annually, including at least one mass casualty scenario involving more than one HHS[7].
- Ensure relevant employees and stakeholders are aware of the Department's preparedness arrangements through information and awareness activities[8].

[7] See *Queensland Health Disaster and Emergency Incident Training Framework*; and DM Act s. 55 & 59 regarding reviewing and renewing district and local disaster management plans.
[8] See DM Act s. 23 & 30 regarding functions of district and local disaster management groups.

All Divisions and Commercialised Business Units of the Department will:

- Develop and maintain the capability to undertake disaster and emergency incident operations through:
  - supporting release of appropriately skilled staff to participate in advisory and operational roles within the SHECC
  - supporting the training of staff in line with the minimum requirements in the *Queensland Health Disaster and Emergency Incident Training Framework*
  - exercising plans, functions and capabilities based on identified need, at least annually.

Performance

The Chief Health Officer and State Health Coordinator will:

- Regularly review the content and effectiveness of Queensland Health disaster and emergency incident plans and arrangements through:
  - identifying and documenting trigger points for reviews
  - reviewing the content of plans and sub-plans annually, with updates as required
  - reviewing the effectiveness of the *Queensland Health Disaster and Emergency Incident Plan* (or part of the plan or its sub-plans) at least annually through exercise and evaluation, or activation and debrief
  - ensuring processes are in place to assess the effectiveness of plans and arrangements following activations in line with the *Queensland Health Operational Briefing and Debriefing Guideline*
  - documenting and sharing lessons identified in reviews, assessments or debriefs, including potential improvement strategies or activities
  - incorporating improvements based on lessons identified into existing governance processes, monitoring and recording decisions and actions taken to promote 'lessons learned'.
- Regularly review and assess cooperation between areas of the Department responsible for disaster or emergency incident response functions, and between the Department and HHSs, including whether the systems and procedures employed are compatible and consistent[9].
- Participate on behalf of the health system in multi-agency reviews of the content and effectiveness of state level disaster management plans and arrangements.

All Divisions and Commercialised Business Units of the Department will:

- Participate in the review of content and effectiveness of Queensland Health disaster and emergency incident plans and arrangements, including their application during disaster or emergency incident response.
- Regularly review the content and effectiveness of any plans or sub-plans they have responsibility for, through:
  - identifying and documenting trigger points for reviews
  - reviewing the content of plans and sub-plans annually, with updates as required

[9] Aligns with IGEM functions DM Act s. 16C(c).

- ensuring processes are in place to assess the effectiveness of plans and arrangements following activations in line with the *Queensland Health Operational Briefing and Debriefing Guideline*
- documenting and sharing lessons identified in reviews, assessments or debriefs, including potential improvement strategies or activities
- incorporating improvements based on lessons identified into existing governance processes, monitoring and recording decisions and actions taken to promote 'lessons learned'.

Legislation

- *Disaster Management Act 2003 [Qld]*
- *Disaster Management Regulation 2014 [Qld]*
- *Fire and Emergency Services Act 1990 [Qld]*
- *Hospital and Health Boards Act 2011 [Qld]*
- *Public Health Act 2005 [Qld]*
- *Public Safety Preservation Act 1986 [Qld]*
- *Radiation Safety Act 1999 [Qld]*
- *Work Health and Safety Act 2011 [Qld]*

Supporting documents

- Disasters and Emergency Incidents Policy (QH-POL-315:2018)
- Emergency Management Assurance Framework
- Health Service Directive QH-HSD-003:2017 'Disasters and Emergency Incidents'
- Health Service Directive QH-HSD-046:2014 'Management of a public health event of state significance'
- Queensland Counter-Terrorism Plan
- Queensland Health Disaster and Emergency Incident Plan (2016) and sub-plans
- Queensland Health Disaster and Emergency Incident Training Framework (2016)
- Queensland Health Incident Management System Guideline (2016)
- Queensland Health Operational Briefing and Debriefing Guideline (2016)
- Queensland State Disaster Management Plan (2016).

Definitions

Term	Definition	Source
Capability:	How an entity is using training and exercising to help embed the necessary culture change and improve performance.	Queensland Emergency Management Assurance Framework (Accountabilities)
Critical business function:	A business function or part thereof identified as essential for survival of the organisation and achievement of its critical objectives.	AS5050:2010 Business continuity – Managing disruption-related risk (Section 1.3 Definitions)
Disaster: (Note the full definition of a disaster must take into account this definition and the definition of an 'event' under the DM Act.)	A serious disruption to 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 or severe damage to the environment.	*Disaster Management Act 2003* (Section 13)
(Disaster) Event:	• 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, or • another event similar to an event mentioned. An event may be natural or caused by human acts or omissions.	*Disaster Management Act 2003* (Section 16)
Doctrine:	How an entity's plans, programs, policies, practices and operational procedures align with its roles and responsibilities: for example plans, procedures, guidelines, policy.	Queensland Emergency Management Assurance Framework (Accountabilities)
Enablers:	How an entity is using and developing the necessary systems, equipment, resources and technologies to deliver disaster management outcomes.	Queensland Emergency Management Assurance Framework (Accountabilities)
Governance:	How an entity demonstrates its values and aligns its strategy to achieve disaster management outcomes: for example roles and responsibilities, decision making, reporting, leadership, approval processes.	Queensland Emergency Management Assurance Framework (Accountabilities)
Disaster (and emergency incident) management:	Arrangements about managing the potential adverse effects of a disaster event, including mitigation, prevention, preparedness, response and recovery arrangements.	*Disaster Management Act 2003* (Section 14)

Disaster (and emergency incident) operations:	Activities undertaken before, during, or after a disaster event happens to help reduce the level of serious disruption to the community.	*Disaster Management Act 2003* (Section 15)
Effective (relating to disaster and emergency incident management, operations and plans).	• Scalable – able to be applied to any size or type of event • Comprehensive – consider prevention, preparedness, response and recovery phases of disaster management • Interoperable – able to operate seamlessly between entities • Value for money – enable the best outcome and performance for money spent • Adaptive – flexible to the needs of all stakeholders Note: Effectiveness can only be determined during application of a plan or arrangement through exercise or activation.	Queensland Emergency Management Assurance Framework (Good practice attributes)
Emergency incident:	Any emergency incident that is not considered a disaster under the *Disaster Management Act 2003*, but that: • is confined to activation of a single Health Emergency Operations Centre in a single Hospital and Health Service • results in moderate or medium impact on normal operations • is able to be resolved through the use of local or first response resources • may involve the State Health Emergency Coordination Centre moving to 'alert' or 'lean forward' level of activation, dependent on situation reporting.	Queensland Health Disaster and Emergency Incident Plan
Performance:	How the entity is actively improving the performance of its service delivery: for example through monitoring, review, assessment and continuous improvement activities.	Queensland Emergency Management Assurance Framework (Accountabilities)
State Health Emergency Management Committee:	A committee established as a mechanism to support and enable a collaborative approach across the Department of Health and Hospital and Health Services in the development of emergency management arrangements and promote consistency of operations across Queensland Health.	State Health Emergency Management Committee Terms of Reference

Version	Date	Comments
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