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| Additional health emergency response capability and capacity statement |
| State Health Emergency Response Arrangements |

# Aim of the statement

This statement outlines the Department of the Health and Human Services’ key considerations for broadening the State’s health sector capacity to manage emergencies. The aim is to ensure that the Victorian community has access to an appropriate level of health and medical care in times of emergency.

The statement also lists the considerations for ensuring adequate capability of health services, incident controllers and senior department staff in managing health emergencies.

The scope and timeframes for building the additional capacity and capability are outlined on page three. Any new/changed arrangements as a result of this work will support the State Health Emergency Response Plan, edition 4 (SHERP4) and its arrangements.

This document should be read in conjunction with SHERP4.

# Scope

This statement covers consideration for broader health sector capacity including:

* Field Emergency Medical Officers (FEMO)
* Victorian Medical Assistance Team (VMAT)
* Fire Services’ Emergency Medical Response Program
* First aid providers
* General practitioners
* Community Nursing services

Note that arrangements for use of FEMO and VMAT currently exist under SHERP4. The intent here is to consider the ongoing need and format for such services.

Also note that first aid providers are currently within SHERP4 arrangements, however, the range of existing providers requires reconsideration due to changes in the market for these services.

General practitioners and nursing are also broadly addressed in an existing for Primary Health Liaison Officer Protocol. The consideration here is whether the department requires additional (direct) engagement with peak bodies for general practitioners and nurses during emergencies.

Capability refers to health emergency planning, training (skill development) and exercising with health services, Health Protection Branch, Emergency Management Branch and emergency sector partners.

# Key deliverables

The key deliverables resulting from this statement of intent are:

* Project plan for FEMO/VMAT review; end October 2017
* Analysis and options for GPS and nursing; end November 2017
* Capability and capacity plan (three year plan); end November 2017
* Training and exercising plan (three year plan); end December 2017
* Governance and assurance plan (three year plan); end January 2018.

More detail on the above-mentioned deliverables are provided in the following section.

# Capacity and capability requirements

The following table lists the capacity and capability requirements under SHERP4 and the existing operational plans and protocols in place to meet those requirements. Some requirements require further action to meet identified gaps in capacity and capability.

| **Category** | **Requirement** | **SHERA operational plans/protocols** | **Additional actions** | **Timeframes** | **Lead** |
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| Capacity | * Emergencies of longer duration or widely dispersed in nature, may require additional response capacity and capability. This may involve:
	+ first aid agencies
	+ general practitioners
	+ community pharmacists
	+ field emergency medical officers or coordinators.
* DHHS may activate the State Emergency Management Centre (located at DHHS) when considered necessary for the effective management of an emergency.
* DHHS may request activation of the State Control Centre (SCC) to provide support to the State Controller.
 | * Standing arrangement with private hospitals (bed sharing agreement)
* Victorian Medical Assistance Team Policy & Protocol
* Ambulance Victoria Emergency Response Plan
* ESTA Critical Incident Response Plan
* Primary Health Network Guidelines
* DHHS protocol with EMV for use of State Control Centre
* Regional Health Emergency Operational Response Plan
* Community pharmacy notification protocol
 | * Reconsider capability and capacity requirements for FEMO/VMAT program. Key considerations include:
	+ What is the need?
	+ What are the skills gaps?
	+ When and how are programs activated?
	+ How are they funded?
	+ Current location of FEMO and VMAT
	+ State and Territory examples
	+ What are the liabilities and insurance requirements?
	+ What is the best service model going forward?
* Reconsider first aid training providers
* Consider broader GP and nursing (including bush and community nursing) engagement via peak bodies (eg College of GPs)
 | * Project plan for FEMO/VMAT; end October 2017
* Analysis and options for FEMO/VMAT; end January 2018
* New/changed arrangements for FEMO/VMAT; end March 2018
* Analysis and options for GPS and nursing; end November 2017
* New/changed arrangements for GPS and nursing; end January 2018
 | Manager, Emergency Management Strategic Capability (EMB) |
| Capability | **Health services planning*** All health service providers with a role or responsibility under this plan are required to maintain their capability to fulfil health emergency response activities. This includes:
	+ developing and exercising their plans as part of normal business operations to minimise service interruption and health consequences
	+ using a nationally recognised set of codes (guided by the Australian Standard (AS) 4083-2010 Planning for emergencies – Health care facilities) including a plan for Code Brown
	+ planning for occupational health and safety to ensure the physical and psychological wellbeing of staff is protected
	+ ensure that their plans integrate with SHERP4 to facilitate an effective response where escalation of a health emergency response is required.

**Inter-agency planning and exercising*** This plan will be exercised within one year from the date of approval. Exercises will be conducted in accordance with the State Exercising Framework.
* Agencies should undertake training to maintain capability and capacity to respond under this plan
* Test and build capability across the entire health system to effectively respond to health emergencies.
* Health protection capability development includes programs to detect and identify risks, undertaking and delivering specialist clinical epidemiological analysis and investigation, and communicating health risks through public health promotion and prevention campaigns.
* DHHS will review and update this plan every three years.
 | Health services planning:* Code Brown Guidelines
* Health Service Policy Funding Guidelines (October 2017); notifications to DHHS
	+ Notifiable public health incident
	+ Activation of Code Brown and codes other than Code Blue
	+ Notification of a stand down

Agency planning:* State Exercising Framework; an ‘all hazards’ approach to training and exercising
* Key Function Descriptions (job cards)
 | Develop a capability and capacity plan for health services, Health Protection and Emergency Management:* people (skills; training; qualifications)
* resources (surge; fatigue management; resource sharing; partnerships between small and large health services)
* governance (assurance; shared accountability; system manager function)
* systems (ICT; data; information sharing)
* processes (readiness; planning; exercising; risk management; monitoring and review)
* phased maturity development, starting with establishment of a baseline of existing capability

Develop a training and exercising plan for health services, Health Protection and Emergency Management:* linked to functions of SHERP
* linked to Code Brown planning
* linked to GPs, nurses, Supercare and community pharmacies, VMAT and FEMO
* targeted at controllers, coordinators and commanders
* includes regional and central exercises
* linked to modernising HPB and EMB program, including progressing work on ICT systems, efficient work practices, and focusing on priority strategic and operational relationships with the Chief Preventive Health Officer, Health and Wellbeing Division, mental health, EPA and Safer Care Victoria
* linked to Deloitte Consulting’s recommendations for the EMB operating model relating to organisation and people; governance; processes; and ICT

Develop a SHERP4 governance and assurance plan:* role of DHHS central
* role of health service boards
* changes to Health Services Act; Board tenure and composition; accountability for improving safety and quality
* quality and safeguarding; expectations
* shared responsibility; complimentary
* debriefs; audits; reviews; monitoring; training and exercising
 | * Capability and capacity plan (three year plan); end November 2017
* Training and exercising plan (three year plan); end December 2017
* Governance and assurance plan (three year plan); end January 2018
 | Manager, Emergency Management Strategic Capability (EMB) |

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# Stakeholder management

The key stakeholder groups for development of additional capacity and capability include:

* SHERA Steering Committee, consisting of:
* Deputy Secretary Regulation, Health Protection & Emergency Management
* Director Emergency Management Branch
* Deputy Director Strategy and Policy, Emergency Management Branch
* Chief Health Officer
* Director Health Protection
* Director Emergency Management, Ambulance Victoria
* Project Director, Rural and Regional Health Partnerships
* Director Capability and Response, Emergency Management Victoria
* Health and Medical Emergency Management Reference Group, consisting of:
* The Department of Health and Human Services:
	+ Director Emergency Management Branch
	+ Deputy Director, Emergency Management Branch
	+ Chief Health Officer
	+ Director, Health (Children, Families, Disability and Operations)
	+ Project Director, Rural and Regional Health Partnerships (Health and Wellbeing)
* State Health Commander (Ambulance Victoria)
* Executive Manager, Field Emergency Medical Officer program
* Director, The Pharmacy Guild of Australia
* Australasian College for Emergency Medicine
* State Trauma Committee
* Victorian Hospitals Emergency Management Association
* Victorian Primary Health Network
* Public Health Services Emergency
* Private hospitals (Epworth)
* Leading Age Services Australia

# Related documents

* State Health Emergency Response Plan, Edition 4
* Appendix D of SHERP4; operational response plans and other support documents.

# Revision history

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| --- | --- | --- | --- |
| Version | Date | Revisions | Status |
| 0.1 | 27/9/2017 | Initial draft | Pending endorsement |
| 1.0 | 12/01/2018 | Endorsed version - minor edits | Approved SHERA Steering Committee |