



EMV
EMERGENCY
MANAGEMENT
VICTORIA

State Health Emergency Response Plan

Edition 4



**Working in conjunction
with communities,
government, agencies
and business**

This plan has been endorsed by the State Crisis and Resilience Council (SCRC) as a subplan to the State Emergency Response Plan.



Authorised and published by the Victorian Government
Melbourne September 2017

© Copyright State of Victoria 2017

You are free to re-use this work under a Creative Commons Attribution 4.0 licence, provided you credit the State of Victoria (Emergency Management Victoria) as author, indicate if changes were made and comply with the other licence terms. The licence does not apply to any images, photographs or branding, including Government logos.

ISBN 978-0-7311-7276-4 (Print)

ISBN 978-0-7311-7277-1 (pdf/online)

This document is also available online at www.health.vic.gov.au/sherp

Acknowledgment of Country

Emergency Management Victoria (EMV) acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land. EMV also acknowledges and pays respect to the Elders, past and present and is committed to working with Aboriginal and Torres Strait Islander communities to achieve a shared vision of safer and more resilient communities.

Photographs courtesy of:

- Monash Clinical School (cover – middle photo)
- John Gollings (page 12)

Printed by Metro Printing, Airport West on sustainable paper (1707010)

Contents

1	Introduction	1
1.1	Purpose	2
1.2	Objective	2
1.3	Scope	2
1.4	Authorising environment	3
1.5	Activation of the plan	3
1.6	Audience	3
1.7	Linkages	4
1.8	Exercising and evaluation	4
1.9	Review	4
2	The health emergency context	5
2.1	The Victorian health system	5
2.2	Types of health emergencies	6
2.3	An integrated response to health emergencies	7
3	Consequences	9
3.1	Wellbeing	10
3.2	Community connection	10
3.3	Liveability	10
3.4	Sustainability and viability	11
4	Community resilience	13
4.1	Shared responsibility for action	13
4.1.1	Individual preparedness	14
4.1.2	Planning for vulnerable people in emergencies	14
4.2	Public information and warnings	15
4.2.1	Management of public information and warnings	15
4.2.2	Emergency Management Joint Public Information Committee	16
5	Capability and capacity	17
5.1	Health emergency response capability	18
5.2	Health protection capability	18
5.3	Health sector emergency planning and preparedness	19
5.3.1	Health service planning	19

6	Collaboration	21
6.1	Emergency Management Commissioner role and responsibilities	21
6.2	Agency roles and responsibilities for Class 2 health emergencies	21
6.2.1	Agency roles and responsibilities for health emergency response (where DHHS is operating as a support agency)	28
6.3	Escalation and notification	29
6.3.1	Notifications to DHHS	29
6.3.2	Notifications by DHHS to the health system	30
6.3.3	Escalation process	31
6.3.4	Response levels	35
6.3.5	Stand down	36
6.3.6	Transition to relief and recovery	36
6.4	Incident management arrangements	36
6.4.1	Health emergency incident management system	37
6.4.2	State tier governance	39
6.4.3	Regional tier governance	41
6.4.4	Incident tier governance	41
7	Appendices	43
	Appendix A: Glossary	43
	Appendix B: Relevant Victorian public health legislation	47
	Appendix C: National plans relating to SHERP	48
	Appendix D: List of relevant operational response plans and supporting documents	49
	Appendix E: Summary of relevant health care facility emergency codes	52

Figures

Figure 1: Reporting relationship for Class 2 health emergencies	22
Figure 2: Reporting relationship for health emergency response (where DHHS is operating as a support agency)	28
Figure 3: Overview of escalation process	31
Figure 4: Escalation process	32
Figure 5: Example health incident management team structure	38

Tables

Table 1: Key functions in a health emergency (DHHS as both control and support agency)	23
Table 2: Functions of key support agencies for Class 2 health emergencies	27
Table 3: Incident response level	35
Table 4: Functions and membership of key state response teams	39

Acronyms

Acronyms used in this plan.

ACRONYM	DESCRIPTION
AV	Ambulance Victoria
CAD	computer aided dispatch
CFA	Country Fire Authority
CHO	Chief Health Officer
DEDJTR	Department of Economic Development, Jobs, Transport and Resources
DELWP	Department of Environment, Land, Water and Planning
DET	Department of Education and Training
DHHS	Department of Health and Human Services
DTF	Department of Treasury and Finance
ED	emergency department
EMC	Emergency Management Commissioner
EM-COP	Emergency Management Common Operating Picture
EMJPIC	Emergency Management Joint Public Information Committee
EMMV	Emergency Management Manual Victoria
EMT	Emergency Management Team
EMV	Emergency Management Victoria
EPA	Environment Protection Authority Victoria
ESTA	Emergency Services Telecommunications Authority
FEMO	Field Emergency Medical Officers
GP	general practitioner
I-HIMT	Incident tier Health Incident Management Team
IMT	Incident Management Team
MOUs	memoranda of understanding
PHCP	Public Health Control Plan
R-HIMT	Regional tier Health Incident Management Team
SAC	State Agency Commander
SCC	State Control Centre
SCM	State Consequence Manager
SCOT	State Coordination Team
SCRC	State Crisis and Resilience Council
SCT	State Control Team
SEMC	Security and Emergency Management Committee of Cabinet
SEMT	State Emergency Management Team
SERP	State Emergency Response Plan
SHEMC	State Health Emergency Management Coordinator
SHERP	State Health Emergency Response Plan
S-HIMT	State tier Health Incident Management Team
SPLO	Senior Police Liaison Officer

1 Introduction

The State Health Emergency Response Plan (SHERP) provides an overview of the arrangements for the management of health emergencies in Victoria. This plan describes the integrated approach and shared responsibility for health emergency management between the Department of Health and Human Services (DHHS), the emergency management sector, the health system and the community.

Every day, the health system manages a large volume and variety of incidents. These incidents do not typically stretch the system's ability to effectively respond.

Health emergency, in the context of this plan, includes an incident or emerging risk to the health of community members, from whatever cause, that requires a **significant and coordinated effort** to ensure the health system can effectively respond and mitigate the adverse health consequences for communities.

Within the *Emergency Management Act 2013*, health emergencies can be classified as Class 2 emergencies. The Emergency Management Manual Victoria (EMMV) Part 7 – Emergency Management Agency Roles designates DHHS as the control agency for the following types of health emergencies:

- biological materials, including leaks and spills
- radioactive materials, including leaks and spills
- retail food contamination
- food / drinking water contamination
- human disease (including mass, rapid onset human disease from any cause).

This plan has been developed by DHHS in conjunction with the Victorian emergency management sector. It is a sub-plan of the State Emergency Response Plan (SERP), published as Part 3 of the EMMV, the principal document guiding the State's emergency management arrangements.

This plan replaces the third edition of the SHERP and the Public Health Control Plan (PHCP) to establish a common operating structure for DHHS, Ambulance Victoria and the broader health system when responding to health emergencies.

1.1 Purpose

The purpose of this plan is to describe the integrated approach and shared responsibility for health emergency management between DHHS, Ambulance Victoria, the emergency management sector, the health system and the community and how these differ to, or elaborate upon, the arrangements in the SERP.

1.2 Objective

The objectives of this plan are to:

- reduce preventable death, illness and disability in all health emergencies and other emergencies with health impacts
- maximise health outcomes by providing treatment in a safe, timely and coordinated manner
- provide timely, tailored and relevant information and warnings to the community
- provide clarity on roles, responsibilities, escalation and communication channels to enable an effective and efficient health emergency response.

1.3 Scope

The scope of this plan includes:

- planning and preparedness for the health response in emergencies, including consequence planning, community preparedness, and capability planning for the health system
- public information and warnings processes, roles and responsibilities
- command, coordination and control arrangements at the state, regional and incident tiers for the health response in emergencies
- control arrangements where DHHS is the control agency, as well as where DHHS is a support agency
- roles and responsibilities across the health system for a health emergency response
- escalation and notification processes for health emergency response.

This plan provides strategic information about the Victorian arrangements for managing health emergencies. Details about the response activities of individual agencies are covered in agency operational response plans.

Relief and recovery activities are outlined in EMMV Part 4 – State Emergency Relief and Recovery Plan.

This plan does not cover activities that DHHS delivers as part of its broader portfolio responsibilities, such as housing and disability service activities.

The State Emergency Management Priorities, available at www.emv.vic.gov.au, apply to health emergency responses.

1.4 Authorising environment

The *Emergency Management Act 1986* and the *Emergency Management Act 2013* form the empowering legislation for the management of emergencies in Victoria.

The EMMV contains policy and planning documents for emergency management in Victoria, and provides details about the roles different organisations play in the emergency management arrangements.

The SERP identifies Victoria’s organisational arrangements for managing response to emergencies. This plan is a subordinate plan to the SERP and was endorsed by the State Crisis and Resilience Council (SCRC) in July 2017.

In addition to the *Emergency Management Act 2013*, the *Public Health and Wellbeing Act 2008* and related public health legislation and regulations also provide authority for control functions related to the management of public health incidents and emergencies (refer to Appendix B: Victorian public health legislation relating to SHERP).

1.5 Activation of the plan

The arrangements in this plan apply on a continuing basis and do not require activation. Escalation of the arrangements in this plan is outlined in Section 6.3.

1.6 Audience

The audience for this plan comprises all relevant health service providers and agencies, including the Victorian government and agencies within the emergency management sector. This also includes business and community groups with a significant role in the management of emergencies, and other organisations that provide additional capacity during a health emergency response.

Although the wider community is not a primary audience, community members may find the contents of this plan informative.

1.7 Linkages

This plan reflects Victorian legislation, the arrangements in SERP, the strategic direction for emergency management in Victoria and the accepted state practice for managing emergencies. Arrangements in the SERP have not been repeated unless necessary to ensure context and readability.

There are also a number of Commonwealth Government and national plans relevant to health emergency response, such as the Australian Health Management Plan for Pandemic Influenza (refer to Appendix C: National plans relating to SHERP).

Coordination of inter-jurisdictional support, collaboration and Commonwealth resources when the state government requests assistance is governed by the Australian Emergency Management Arrangements (managed by Emergency Management Australia) and the National Health Emergency Response Arrangements (managed by the Commonwealth Department of Health).

This plan may be used as a framework to support national arrangements within Victoria. The Emergency Management Commissioner is responsible for liaising with Emergency Management Australia during an emergency.

1.8 Exercising and evaluation

This plan will be exercised within one year from the date of approval. The exercise will be evaluated and, where improvements to the emergency management arrangements in this plan are required, the plan will be amended and a revised version issued. Exercises will be conducted in accordance with the State Exercising Framework.

In the event of an emergency response utilising arrangements under this plan, the control agency will organise an operational debrief with participating agencies as soon as practicable after cessation of any response activities under this plan. All agencies, including recovery agencies, shall be represented with a view to evaluating the adequacy of the response and to recommend any changes to agency plans and future operational response activities.

1.9 Review

This plan was current at the time of publication and remains in effect until modified, superseded or withdrawn.

DHHS will review and update this plan every three years. More frequent reviews may be undertaken if required, for example following experience utilising or exercising this plan, or following substantial change to relevant legislation or machinery of government arrangements.

2 The health emergency context

2.1 The Victorian health system

The Victorian health system, in the context of this plan, describes the people, agencies and facilities that work together to provide health services to Victorian communities to ensure they are healthy and safe, and that people are able to lead a life they value.

On a daily basis community members interact with the Victorian health system, a dynamic and interdependent network of health services that provides health advice, diagnostic services, clinical and pharmaceutical treatment to maximise health outcomes.

The Victorian health system also includes public health functions and powers available to the Chief Health Officer (CHO) under the *Public Health and Wellbeing Act 2008*. Public health involves preventing the occurrence and spread of disease and illness, and reducing the risk posed by potentially dangerous substances to ensure safe environments across Victoria.

Under this plan, DHHS and Ambulance Victoria work together as the key government agencies that lead a health emergency response. Hospitals, both public and private, also play a critical role in response to health emergencies. Depending on the nature of an emergency, a broader range of health service providers and experts may also be involved to achieve the best possible health outcomes for affected community members. For example, emergencies of longer duration or widely dispersed in nature, may require additional response capacity and capability and this may involve first aid agencies, general practitioners (GPs), community pharmacists, and field emergency medical officers or coordinators.

This plan and relevant operational response plans facilitate a collaborative approach to emergency response that can scale up and down to best meet health needs (refer to Appendix D for a list of relevant operational response plans).

Continuity of health care service provision, particularly to vulnerable community members, during and following an emergency is also a priority for the health system and complements the arrangements in this plan.

This plan further acknowledges that health system support may continue into the relief and initial recovery activities. Refer to the EMMV Part 4 – State Emergency Relief and Recovery Plan for more information.

2.2 Types of health emergencies

This plan applies to all types of health emergency which, due to the scale or extent of health consequences, require a significant and coordinated effort to ensure the health system can effectively respond and mitigate the adverse health consequences for communities.

This includes:

- Public health emergencies (for which DHHS is the control agency), such as:
 - biological and radioactive incidents, such as transport accidents involving biological releases or radioactive substances, loss of control of biological releases or radioactive substances associated with an authorised practice (for example: spillage or unintended dispersion), and dispersion of a biological release or radioactive substance
 - retail food contamination, such as contamination of food during manufacturing, storage or transport
 - water contamination, such as loss of disinfection of a drinking water supply, contamination of a drinking water supply, contamination of food following natural disasters (due to food spoilage), and infectious disease outbreaks arising from food preparation and consumption
 - human disease, such as communicable diseases, gastro and respiratory outbreaks, thunderstorm asthma, and clusters of non-communicable disease.
- Other health emergencies (for which DHHS is a support agency), such as:
 - natural disasters with health impacts, such as bushfires, floods, storms or extreme heat
 - deliberate acts resulting in casualties, such as warlike acts, acts of terrorism, hi-jacks, sieges or riots
 - other mass or complex casualty situations, such as structure fires, drug overdoses or stampedes at mass gatherings or public events, and transport incidents.

2.3 An integrated response to health emergencies

This plan outlines Victoria's integrated health emergency response arrangements. The arrangements in this plan are specific to the State's health system.

The arrangements integrate the three key lines of health system communication with the necessary line of control for effective emergency management. The three key lines of health system communication are:

- health command (predominantly pre-hospital)
- health coordination (hospital and health services)
- public health command.

This ensures that the roles and responsibilities for decision-making and response coordination are clear and well understood by all stakeholders in the event of a health emergency.

This plan also embeds an 'all communities, all emergencies' approach, focusing on:

- clarifying roles and responsibilities for a coordinated and integrated health emergency response, including decision-making, notification and warning, across health and the emergency management sector and service providers
- identifying how health system agencies and providers can work collaboratively to build sector capacity and achieve the best possible outcomes for community members affected by an emergency, while still meeting the needs of other individuals requiring health services
- outlining actions individuals, health sector agencies and service providers, and governments can undertake to strengthen their resilience to health emergencies, in line with the principle of shared responsibility described within the National Strategy for Disaster Resilience, available at www.ag.gov.au, as well as the Victorian Community Resilience Framework for Emergency Management, available at www.emv.vic.gov.au.

Given the dynamic and interdependent nature of the Victorian health system, it is vital that all relevant health service providers and agencies follow this plan to ensure a coordinated and effective health response to emergencies.



3 Consequences

The direct consequences of health emergencies are human disease, harm and mortality. Health emergencies may also have broader consequences for our social, economic, and natural environments. Beyond health and wellbeing, appropriate consideration of health emergency consequences can minimise broader, ongoing impacts for communities, including social and economic impacts.

Planning for the effective management of consequences of a health emergency should account for the changing profile and expectations of Victorian communities. This includes considering future implications for the health of the population, for example, rising chronic disease and increasing antibiotic resistance.

The consequences of a health emergency vary greatly, depending on the:

- nature of the particular illness or injury
- scale of people affected, or potentially affected
- extent to which the illness or disease can be contained or controlled
- likelihood and extent of disruption to the delivery of government services (such as health services and schools)
- extent to which health consequences are likely to be worsened by disruption to essential services (such as electricity or telecommunications due to extreme heat).

The nature and extent of consequences will inform response, relief and recovery arrangements for a health emergency. Planning for these consequences will ensure that the community receives timely, tailored and relevant information and services before, during and after a health emergency.

DHHS will work with the Emergency Management Commissioner (EMC), Emergency Management Victoria (EMV) and other government agencies, the health system, industry, business and the community to identify and mitigate potential consequences of the emergency.

3.1 Wellbeing

Health emergencies have direct consequences on individuals affected. This may include physical injuries, illness, permanent disability and mortality. However the consequences of a health emergency extend far beyond these initial physical impacts.

Individuals impacted by a health emergency may experience mental health challenges associated with prolonged illness, ongoing or terminal disease, or the trauma of a mass casualty situation. The mental health consequences of an emergency may also extend to the friends, families or carers of impacted individuals, or to bystanders who may have witnessed multiple injuries or fatalities.

3.2 Community connection

Health emergencies have the potential to impact social connections, due to some methods for controlling the spread of disease such as restrictions on movements or public gatherings. Depending on the scale of the incident, individuals, communities or entire regions across the state may experience mental health (and other) challenges associated with a loss of community connectedness or independence. There may also be community concern and associated mental health challenges in circumstances where the nature and extent of illness from exposure to a biological release or radioactive substance is unknown.

Physical and psychosocial impacts of an emergency can also exacerbate social problems in communities, such as drug and alcohol abuse or family violence.

3.3 Liveability

Health emergencies may disrupt accessibility of critical health infrastructure and services. For example, epidemic thunderstorm asthma has the potential to overwhelm the health system and disrupt services to other patients requiring care. The uncontrolled spread of antibiotic-resistant bacteria and pandemics are examples of health emergencies that can significantly disrupt critical health infrastructure and health services. The longer the emergency, the greater the pressure on the health system to respond to and treat both individuals impacted by the emergency, as well as others who also need to access acute, ambulance, primary and other healthcare services.

Health emergencies may have further consequences for the provision of critical health care services as a result of health care workers being unable to attend work due to illness or the risk of infection.

This risk extends to the delivery of other services. Disruptions to critical infrastructure such as public transport services, essential services (such as water, electricity and fuel) transport of food and goods, education and government services are further potential consequences of health emergencies due to individuals being unable to attend work.

Additional consequences of a health emergency for health services may relate to disruption to relevant vaccinations, pharmaceuticals or medical supplies due to unprecedented demand.

3.4 Sustainability and viability

Health emergencies may have economic consequences at the local, regional or state level. A communicable disease outbreak contained to a community or region for example, may disrupt a local vibrant economy due to employers and/or employees being unable to attend work, or community members being unable to leave their homes and purchase local goods and services as they normally would.

A larger scale health emergency, such as a dangerous highly infectious disease like Ebola, may result in further consequences for the Victorian economy. Depending on the timing of the outbreak, for example, it may have a significant impact on major sporting, music or cultural events due to large number of people being unable to attend due to illness or the risk of infection. Events may be cancelled.

Tourism may also be significantly impacted. Individuals may choose not to visit Victoria due to a perceived risk of infection or, in the case of a health emergency resulting from a mass casualty situation, due to a perceived risk of another event being likely.

A major health emergency may also have significant economic consequences for the state associated with disruption to business and services.

Costs associated with the treatment of illness or injury (including any preventative measures which may be taken) may also be significant, depending on the nature and scale of health consequences.



4 Community resilience

‘Safer and more resilient communities’ is the shared vision of Victoria’s emergency management sector and underpins the arrangements in this plan. The Community Resilience Framework for Emergency Management also provides the foundation upon which the emergency management sector’s strategies, programs and actions can be planned, integrated and implemented in order to build safer and more resilient communities. Building resilient communities is a shared responsibility. In the health emergency context, building resilient communities requires communities, governments, and the health system to work in an integrated way that puts people at the centre of decision making.

4.1 Shared responsibility for action

The National Strategy for Disaster Resilience, developed by the Council of Australian Governments, provides high-level guidance on disaster management.

The strategy recognises that application of a resilience-based approach is not solely the domain of emergency management agencies; rather it is a shared responsibility between individuals, communities, business and governments. Examples within the health emergency context include:

- individuals taking responsibility for their own health and health of those in their care
- local government and communities conducting first aid training and emergency preparedness programs
- the health system, to which the community may turn for support or advice, preparing for increased or diverse service demand during health events and emergencies
- business and industry, including critical infrastructure providers, engaging in business continuity planning that links with community and emergency management arrangements to ensure they are able to provide services during or soon after an emergency.

- government agencies through:
 - creating partnerships with health service providers to build capability and capacity
 - undertaking monitoring and surveillance of infectious diseases and other notifiable conditions
 - providing timely, tailored and relevant information to the community to allow people to make informed decisions about their health and safety
 - providing education including recommended actions to prepare for or mitigate health impacts of emergencies
 - supporting individuals and communities to prepare for, respond to and recover from health emergencies.

4.1.1 Individual preparedness

Individual community members can prepare for a health emergency by undertaking some or all of the following actions:

- follow any public health directions when ill or there is an increase in illness in the community, such as social distancing and avoiding mass gatherings, immunisation, hand hygiene, cough etiquette
- put together an emergency kit (which includes a first aid kit)
- ensure medication supplies for all family members are kept up to date
- register themselves and their family for a My Health Record (visit: myhealthrecord.gov.au)
- learn first aid
- join a volunteer first aid organisation.

4.1.2 Planning for vulnerable people in emergencies

Planning for emergencies should consider the needs of vulnerable people to improve the safety and resilience of vulnerable people and their ability to respond safely to emergencies. Vulnerable people, for the purposes of this plan, refers to those who, due to physical or cognitive impairment, are unable to understand emergency warnings and directions, or are unable to respond in an emergency situation. Vulnerable persons who cannot identify personal or community support networks to help them in an emergency may be included on the Vulnerable Persons Register (search for the Vulnerable people in emergencies policy: www.dhhs.vic.gov.au).

4.2 Public information and warnings

Access to timely, tailored and relevant information about an emergency assists a community to make informed decisions and to act purposefully. Communities, individuals and households need to take responsibility for their own safety and act on information, advice and other messages provided before, during and after health emergencies.

Consistent with the State Emergency Management Priorities, public information and warnings issued under this plan will be:

- relevant, timely, clear, targeted, credible and consistent
- responsive and empathetic
- accurate and informed by evidence
- tailored to the impacted community
- provided through a range of communication channels
- aligned with the Victorian Warning Protocol available at www.emv.vic.gov.au/responsibilities/victorias-warning-system/victorian-warning-protocol.

Communication may include channels such as CHO Alerts, warnings published through Victorian Warnings System, media conferences, information uploaded to the Better Health Channel, radio, social media, and community information hotlines.

4.2.1 Management of public information and warnings

Collaboration, coordination and early notifications between agencies are necessary to ensure communities receive consistent and complementary messaging before, during and after a health emergency.

DHHS, in collaboration with Ambulance Victoria, is responsible for issuing warnings and providing public information during a health emergency. DHHS as the control agency will authorise all public information and warning messages prior to their release to the community, where practicable.

The CHO will approve all public health messaging, CHO alerts and CHO advisories, in line with the *Public Health and Wellbeing Act 2008*, as required.

Ambulance Victoria may disseminate public information and warnings, in collaboration with DHHS, for the purpose of enabling the community to make informed decisions. For example, where there are significant delays for ambulances, that people should make their own way to hospital. The purpose of providing this information is to increase community awareness regarding current demand for ambulance services.

To facilitate the rapid communication of information and warnings, the State Controller may delegate authority to a Deputy Controller or a public information officer to authorise the release of information and warnings to the community.

All warnings issued should adhere to the Victorian Warning Protocol. The warning protocol can be found at: www.emv.vic.gov.au.

The DHHS Public Information and Warning Business Rules and Decision-making Guide outlines the roles and responsibilities for issuing public information and warnings for health emergencies. The DHHS public information officer, the State Control Centre warnings officer or the State Warnings and Advice Duty Officer will issue warnings on behalf of DHHS. Public information and warnings will be available on the VicEmergency website and app. Supporting information may be published on the Better Health Channel or the Department of Health website.

Under the SERP, where the timeframe is short and an extreme and imminent threat to life exists, any response agency personnel (such as Victoria Police or Ambulance Victoria) can issue warnings to people likely to be affected, providing they notify the relevant Controller as soon as possible following issue of the warning.

4.2.2 Emergency Management Joint Public Information Committee

The Emergency Management Joint Public Information Committee (EMJPIC) provides strategic guidance for state-level messages across all state government departments and agencies. EMJPIC is responsible for ensuring public information across all state government departments and agencies is consistent, and distributed in a timely and accurate manner to inform and advise community members during a major emergency, as well as ensuring media needs are met.

The State Controller (or delegate) will engage the support of the EMJPIC to ensure that state-level messages from all agencies with a role or responsibility in managing the impact and consequences of health emergencies are prioritised and included in key messages to the public. This may also include the integration of messaging across all emergencies, such as fires and storms. EMMV Part 8 – Appendices and Glossary provides further information on the role of EMJPIC.

5 Capability and capacity

The *Victorian Preparedness Framework 2017* and supporting documents set the foundation for how Victoria prepares for, responds to and recovers from emergency incidents. The framework identifies 21 core capabilities, each considering the crucial elements of people, resources, governance, systems and processes which are needed to manage events, reduce impacts, protect our community and increase resilience.

While many of the 21 core capabilities are required to effectively manage before, during or after a health emergency, there are three capabilities particularly relevant to this plan:

- health emergency response
- health protection
- planning.

The first two capabilities are especially important in the context of the State Emergency Risk Assessment, which identifies pandemic influenza, bushfires and floods as Victoria's highest priority emergency threats. Each of these threats will involve a significant and coordinated health response. Other core capabilities relevant to health emergency response capability will be outlined in the relevant agency operational response plans.

Planning is critical to the effective delivery of this plan. A collaborative approach to understanding, testing and building capability across the entire health system is fundamental to our ability to effectively respond to health emergencies.

5.1 Health emergency response capability

Health emergency response capability within the context of this plan is the collective ability of people, resources, governance arrangements, systems and processes to limit the adverse health consequences of emergencies on individuals and communities. It is based on the collective capability of all involved in undertaking health emergency response activities, including community members, government, agencies and health service providers.

The Victorian Preparedness Framework 2017 describes health emergency response capability as involving “the planning, provisioning, response and coordination of pre-hospital and health emergency care, including triage, treatment and distribution of patients, in a timely and structured manner, using all available resources to maximise positive health outcomes”.

All health service providers with a role or responsibility under this plan are required to maintain their capability to fulfil health emergency response activities.

Agencies should also undertake training to maintain capability and capacity to respond under this plan, in addition to maintaining their relevant clinical or other professional skills, competencies and authorities. Arrangements for obtaining additional capabilities and capacity during a health emergency response are outlined in agency operational response plans.

5.2 Health protection capability

The Victorian Preparedness Framework 2017 describes health protection capability as the ability to “promote and protect the public health of Victorians by monitoring notifiable diseases and responding to any disease outbreaks in order to control and minimise the risk of infection. This includes regulating the safety of food, drinking water and human environmental health hazards such as radiation, legionella and pesticides. This includes informing the community and health providers about public health risks and promoting behaviours and strategies to mitigate and avoid risk. It also includes the development of national policies, standards and strategies to promote improvements in public health generally and support the health system to respond to national public health risks”.

Critical tasks to support health protection capability development include development and delivery of 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. Refer to Section 4.2 Public Information and Warnings for more information.

Support arrangements, including arrangements for sourcing additional state, national and international resources to respond to emergencies if required, are outlined in the SERP and the National Health Emergency Response Arrangements.

5.3 Health sector emergency planning and preparedness

The Victorian Preparedness Framework 2017 describes planning capability as the ability to “conduct a systematic process engaging the whole community as appropriate in the development of executable strategic, operational or tactical level approaches to meet defined objectives.”

All organisations with roles or responsibilities under this plan must ensure they are adequately and appropriately prepared to respond to health emergencies and emergencies with health impacts. This includes assuring that they have effective plans, processes and systems in place to fulfil their roles and responsibilities under this plan. In addition, all organisations with emergency response plans that interface with this plan need to be familiar with these arrangements.

5.3.1 Health service planning

Health service providers use a nationally recognised set of codes (guided by the Australian Standard (AS) 4083-2010 Planning for emergencies – Health care facilities) to plan for response to and recovery from internal and external emergencies (refer to Appendix G: Summary of relevant emergency codes in hospitals and health care facilities). This includes plans for external emergencies, such as mass casualty incidents (Code Brown), infrastructure and other internal emergencies, such as power failure (Code Yellow) and evacuations (Code Orange).

Health service planning needs to include occupational health and safety planning to ensure that, as far as possible, the physical and psychological wellbeing of staff is protected when they are involved in a health emergency response.

Effective health emergency preparedness and response requires consistent, effective and practised integration of health services providers with other members of the emergency management community, as well as across the health system. Coordinated arrangements for an anticipated or actual emergency enable the provision of seamless and integrated services for communities.

It is important that health services providers develop and exercise their plans as part of normal business operations to minimise service interruption and health consequences for communities in the event of an emergency.

Health service providers should ensure that their plans integrate with this plan to facilitate an effective response where escalation of a health emergency response is required.

Code Brown is a nationally recognised code used by health services to plan, prepare, respond and recover from an external emergency. A guidance note for Code Brown planning for health service providers is available at: www.health.vic.gov.au.



6 Collaboration

Victorian Government agencies have roles and responsibilities under this plan to work together to ensure the health system can effectively respond to an anticipated or actual health incident and mitigate the adverse health consequences for communities by:

- managing the safe, effective and coordinated health response to Class 2 health emergencies, and
- coordinating the effective health response to other emergencies with health consequences that require a significant and coordinated effort, beyond normal health system operations, for effective response.

6.1 Emergency Management Commissioner role and responsibilities

Under the *Emergency Management Act 2013*, the Emergency Management Commissioner (EMC) has legislated management responsibilities across major emergencies. These include response coordination, ensuring the establishment of effective control arrangements, consequence management and recovery coordination.

6.2 Agency roles and responsibilities for Class 2 health emergencies

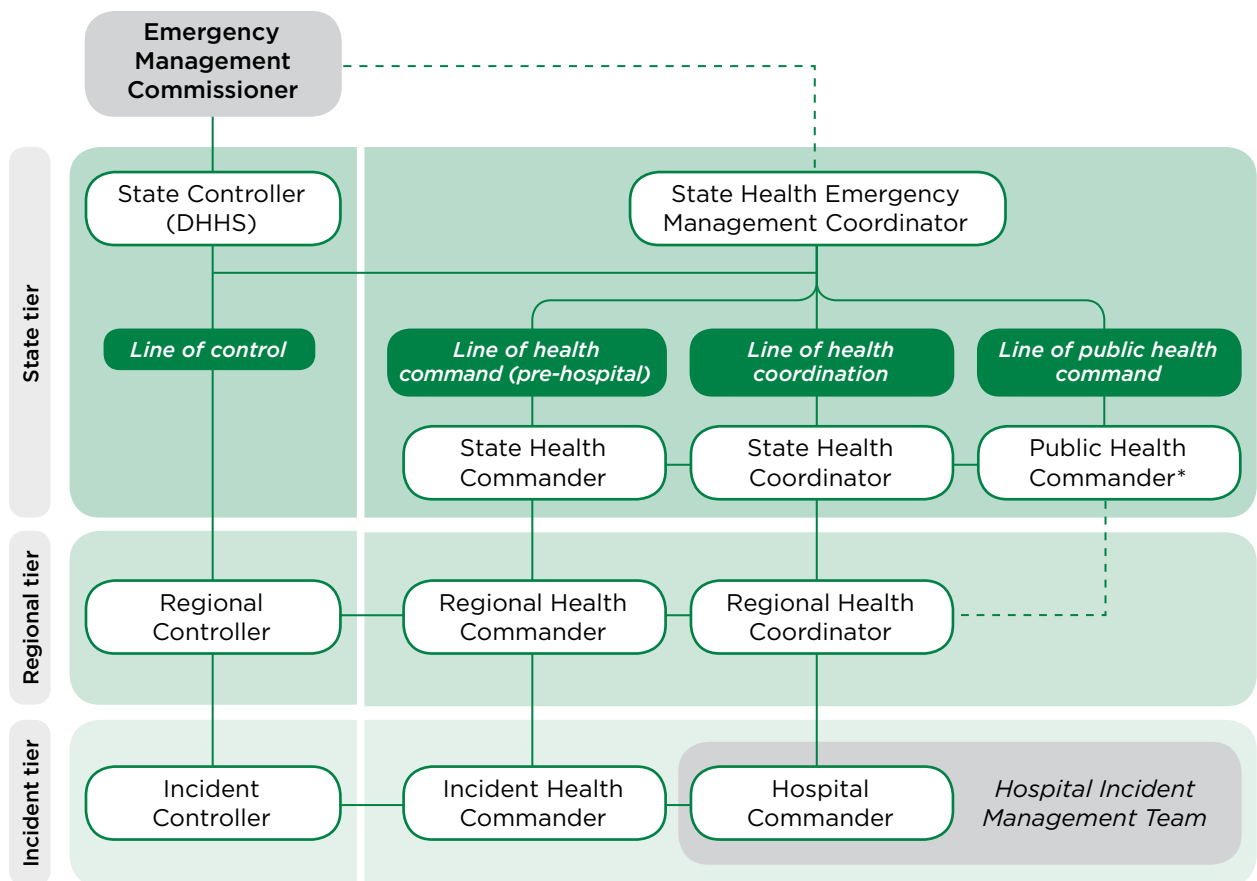
Under the EMMV Part 7 - Emergency Management Agency Roles, DHHS is the nominated control agency for specified health emergencies in Victoria (refer to Section 1).

DHHS is responsible for identifying unfolding or potential health emergencies, and escalating health emergency response arrangements outlined in this plan to ensure the health system can effectively respond and mitigate the adverse consequences for communities (refer to Section 6.3.3).

DHHS may activate the State Emergency Management Centre (located at DHHS) when considered necessary for the effective management of an emergency. To ensure an effective response to adverse health consequences for communities DHHS may also, in consultation with the EMC, request activation of the State Control Centre (SCC) to provide support to the State Controller. The SCC provides a range of services to assist with the coordination and control of emergencies and has well-established protocols for working across all government agencies and for providing information and warnings to the community.

The reporting relationship for Class 2 health emergency response is illustrated at Figure 1.

Figure 1: Reporting relationship for Class 2 health emergencies



* Public Health Commander appointed State Controller for identifiable public health emergencies.

Table 1 outlines the authority and role for key decision-making functions (functional leads) in a health emergency.

Table 1: Key functions in a health emergency (DHHS as both control and support agency)

AUTHORITY AND ROLE		
FUNCTION	DHHS AS CONTROL AGENCY	DHHS AS SUPPORT AGENCY (DIFFERENCES BY EXCEPTION)
Emergency Management Commissioner	<p>The Emergency Management Commissioner is accountable for ensuring the response to emergencies in Victoria is systematic and coordinated.</p> <p>This includes ensuring that control arrangements are in place during a Class 2 emergency, responsibility for consequence management for a major emergency, and management of the State Control Centre on behalf of (and in collaboration with) agencies that may use it for emergencies.</p>	
State Controller (DHHS as control) / State Health Incident Management Team Lead (DHHS as support)	<p>As agency lead, the Secretary to DHHS appoints the State Controller (by instrument of appointment) to enable appropriate focus on managing health consequences according to the nature of the emergency:</p> <ul style="list-style-type: none"> the Public Health Commander will be appointed State Controller for identified public health emergencies (most likely to occur in circumstances where a public health emergency is anticipated) all other emergencies, including in the event of a rapid onset health emergency where the causation is unclear, the State Health Coordinator will be appointed as State Controller. <p>The State Controller is responsible for the following initial decisions and actions, in consultation with the appropriate internal and external stakeholders:</p> <ul style="list-style-type: none"> verify the relevant response assessment (refer to Section 6.3.3) determine the strategic objectives for response determine the incident management model or activate pre-agreed plans for the initial response establish incident management team(s) (as applicable) ensure timely and appropriate public information and warnings are provided to the community notify the EMC, support agencies and relevant health system service providers. <p>The State Controller may appoint a Deputy Controller.</p> <p>The State Controller should delegate their function on the State Health Incident Management Team (that is, Public Health Commander or State Health Coordinator) to a deputy or equivalent.</p>	<p>Where DHHS is the support agency, it is not responsible for the control function.</p> <p>Under these arrangements, the lead of the State Health Incident Management Team where DHHS is a support agency is:</p> <ul style="list-style-type: none"> the State Health Coordinator, where coordination of emergency response activities across the health system is required (including hospitals, primary health and other acute services); the Public Health Commander where the control agency requires public health expertise.

AUTHORITY AND ROLE		
FUNCTION	DHHS AS CONTROL AGENCY	DHHS AS SUPPORT AGENCY (DIFFERENCES BY EXCEPTION)
State Health Emergency Management Coordinator (SHEMC)	<p>The SHEMC is an executive-level public administration function performed by DHHS and appointed by the Secretary of the department.</p> <p>The SHEMC is responsible for ensuring that appropriate appointments are made to state tier functions (the State Health Commander, State Health Coordinator and the Public Health Commander), as well as providing executive administrative support to ensure these functions operate effectively.</p> <p>While an instrument of appointment will determine whether the Public Health Commander or State Health Coordinator performs the function of State Controller, the SHEMC may advise the Secretary to DHHS who should fulfil the function of State Controller (with advice from the State Health Incident Management Team) according to the nature of the emergency and response, and consistent with the instrument of appointment.</p>	
Public Health Commander (Public Health Command functional lead)	<p>The Public Health Commander function is performed by the Chief Health Officer (or delegate).</p> <p>The Public Health Commander reports to the State Controller and is responsible for commanding the public health functions of a health emergency response (including investigating, eliminating or reducing a serious risk to public health).</p> <p>Performing the function of Public Health Commander does not alter in any way the management, control and emergency powers of the Chief Health Officer under the <i>Public Health and Wellbeing Act 2008</i>.</p> <p>In performing this function, the Public Health Commander will liaise directly with the State Health Commander and State Health Coordinator.</p> <p>For emergencies where the Public Health Commander is not appointed the State Controller, the Chief Health Officer's authority under the <i>Public Health and Wellbeing Act 2008</i> remains unaffected, and their decisions on matters of public health should not be overridden by a State Controller.</p>	The Public Health Commander function will be the State tier Health Incident Management Team Lead where the control agency requires public health expertise.

AUTHORITY AND ROLE		
FUNCTION	DHHS AS CONTROL AGENCY	DHHS AS SUPPORT AGENCY (DIFFERENCES BY EXCEPTION)
State Health Coordinator (Health Coordination functional lead)	<p>The State Health Coordinator function is performed by a senior DHHS officer appointed by the SHEMC. The State Health Coordinator reports to the State Controller and is responsible for coordinating DHHS' emergency response activities across the health system (including hospitals, primary health and other acute services) at the state tier.</p> <p>In performing this function, the State Health Coordinator liaises directly with the State Health Commander and Public Health Commander.</p>	The State Health Coordinator function will be the State tier Health Incident Management Team Lead for all events where the Public Health Commander is not the Lead.
State Health Commander (Health Command functional lead)	<p>The State Health Commander function is performed by the appointed Ambulance Victoria Emergency Management Director (unless otherwise appointed by the SHEMC).</p> <p>The State Health Commander reports to the State Controller and is responsible for commanding the pre-hospital and field response to an emergency (including ambulance services, first responder assistance, and spontaneous volunteers) at the state tier.</p> <p>In performing this function, the State Health Commander will liaise directly with the State Health Coordinator and Public Health Commander.</p>	

The State tier Health Incident Management Team is responsible for managing the whole of health response to an emergency.

Key support agencies

In addition to DHHS' nominated role as control agency for response to Class 2 health emergencies in Victoria, the department is also responsible for delivering human services and business continuity services during the emergency.

DHHS has further responsibility for leading the coordination of emergency relief and recovery activities at the regional tier. This includes coordination of relief and recovery planning, the provision of personal support (including psychological first aid) at incident sites and across the community, and the provision of interim accommodation following emergencies with major housing impacts.

EMMV Part 7 - Emergency Management Agency Roles lists the key support agencies for Class 2 health emergencies and their responsibilities (refer to Table 2).

Many of these agencies coordinate their response activities across a range of other agencies within their functional sector. The State Controller leads the coordination of these functional sectors through the State Emergency Management Team (SEMT) (refer to Table 4: Functions and membership of key state response teams).

Table 2 identifies the key supporting functions these agencies provide during Class 2 health emergencies. All of these agencies should have internal plans for managing their responsibilities.

This table is not exhaustive and should be read in conjunction with the relevant legislation and the EMMV, noting any government or non-government agency may be requested to assist in a health emergency response (or relief or recovery) if it has the skills, expertise or resources to contribute to the management of the emergency (EMMV Part 7 - Emergency Management Agency Roles).

Table 2: Functions of key support agencies for Class 2 health emergencies

AGENCY	RESPONSIBILITY FOR RESPONSE
Ambulance Victoria	<ul style="list-style-type: none"> • deploy Health Commanders to relevant tiers to direct the operational health response • respond to requests for pre-hospital emergency care, triage patients, determine treatment priority and provide pre-hospital clinical care • transport and distribute patients to appropriate medical care • provide health support to patients undergoing decontamination • manage additional medical and nursing capacity, such as FEMO and VMAT teams, where required • notify receiving hospitals of patients • support evacuations of vulnerable people • liaise with control agencies to ensure the safety of responders, health care workers, and the public for identified and emergent risks from an incident. This includes activation of personal support arrangements. • liaise with Public Health Commander and Health Coordinator.
DET	<ul style="list-style-type: none"> • provide emergency notifications and reporting services between schools and emergency services • provide advice and list of suggested resources to non-government schools.
DELWP	<ul style="list-style-type: none"> • support emergency response for drinking water supply and contamination.
DEDJTR	<ul style="list-style-type: none"> • Agriculture Victoria provides notifications and coordination with DHHS, regarding agricultural incidents and risks with possible health impacts, for example, food-borne illness outbreaks in primary production systems and zoonotic diseases, including anthrax and vector-borne disease.
EMV	<ul style="list-style-type: none"> • manage the operation and administration of the State Control Centre • in collaboration with the whole-of-government, lead the coordination of public information and warnings for major emergencies • lead the coordination of consequence management for major emergencies • coordinates relief and recovery activities at the state level.
ESTA	<ul style="list-style-type: none"> • answer and process Triple Zero (000) emergency calls from the community and dispatch emergency resources • provide early warnings to EMV and agencies of significant incidents, detected through triple zero information channels • maintain support and management of multi-agency operational communication systems.
EPA	<ul style="list-style-type: none"> • assess the environmental impact of the emergency • advise the emergency services on the properties and environmental impacts of hazardous materials • provide Air Monitoring capability in emergencies to support analyses of community health impacts in accordance with air monitoring protocols • provide environmental public health surveillance, risk assessment and initial response in accordance with environmental public health protocols and MOUs between EPA and DHHS • ensure that appropriate transport and disposal methods are adopted for wastes generated from response activities.
Local Government	<ul style="list-style-type: none"> • coordinate municipal resources needed by the community and response agencies • facilitate the delivery of warnings to the community and the provision of information to the public and media • support investigations and control of illness outbreaks and other public health incidents.

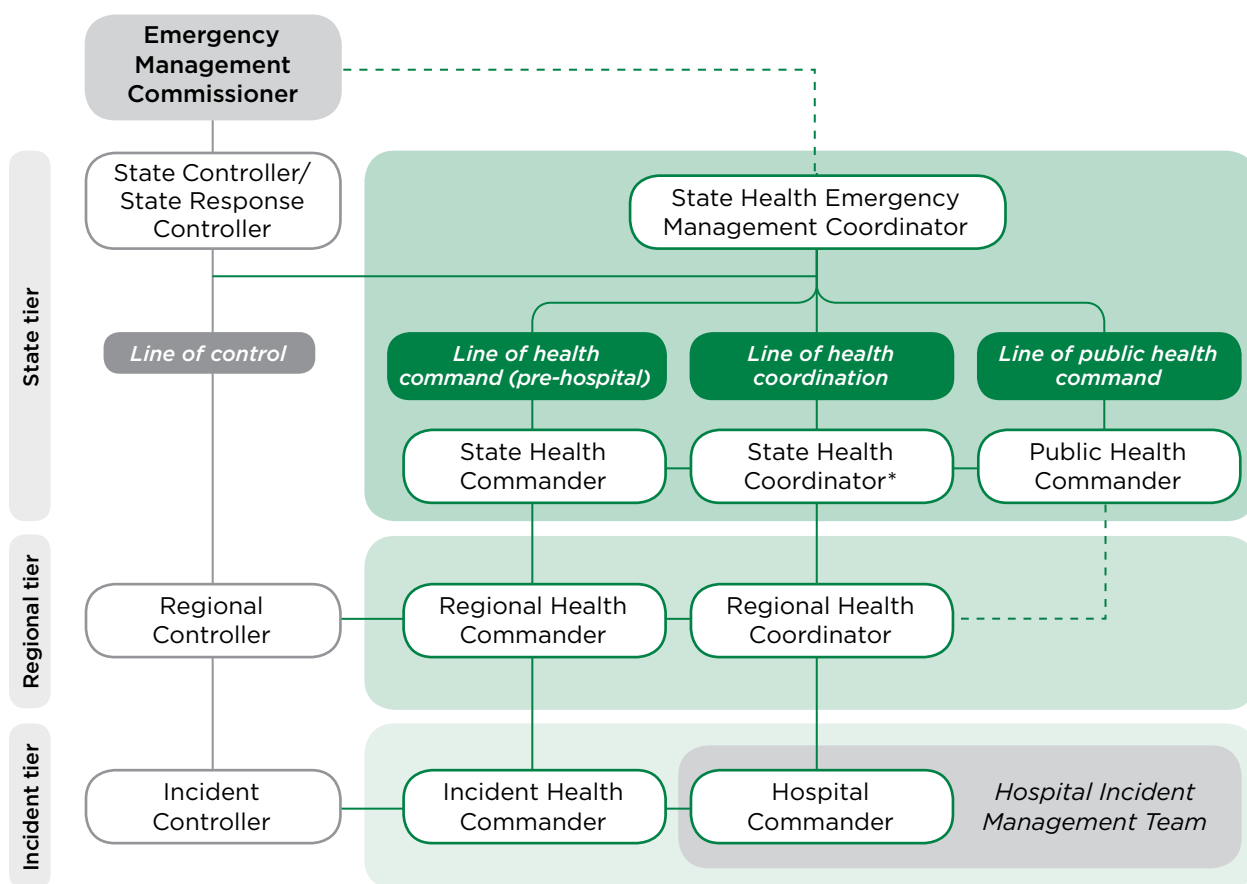
6.2.1 Agency roles and responsibilities for health emergency response (where DHHS is operating as a support agency)

Where monitoring and notifications suggest the health system is, or is likely to, experience an impact over day-to-day operations (e.g. refer to Section 6.3.3: Escalation process), the arrangements outlined in this plan will be escalated as required to ensure the system can effectively respond to and mitigate the adverse health consequences for communities. This includes emergencies other than a Class 2 health emergency.

Where another control agency (such as Victoria Police or a fire service agency) is activated for a major emergency that requires a health response, that control agency directs the emergency response, as depicted at Figure 2.

The Chief Health Officer's authority under the *Public Health and Wellbeing Act 2008* to make decisions on matters of public health and to exercise management, control and emergency powers applies in all health emergency response situations and should be made in consultation with the State Controller.

Figure 2: Reporting relationship for health emergency response (where DHHS is operating as a support agency)



* State Health Coordinator to lead the State Health Incident Management Team for rapid-onset emergency.

6.3 Escalation and notification

The majority of health emergencies are managed by the health system either as business as usual, or using an incident management system as part of normal operations (refer to Section 6.4: Incident management arrangements).

Arrangements will be escalated under this plan when information is received to suggest that an incident is impacting, or likely to impact, the health system's ability to effectively respond to an incident and mitigate the adverse health consequences for communities.

Arrangements may be escalated in anticipation of, or in response to notifications or observations.

6.3.1 Notifications to DHHS

DHHS relies on notifications to inform its situational awareness of the whole of the health system. This is fundamental to determining when arrangements under this plan should be escalated to ensure the health system can effectively respond to an incident and mitigate the adverse consequences for communities.

There are four types of notifications:

- notification of a public health incident, for example notification of a communicable disease outbreak
- notification from Ambulance Victoria of a significant increase or change in the volume and nature of Triple Zero (000) calls or requests to attend
- notification of increased demand on health system, for example Code Brown or Code Yellow activations, information on emergency department presentations provided to DHHS through its real-time monitoring system or information on change in nature or volume of GP presentations
- notification of other situations, for example notification from a Control Agency of a terrorist event with mass casualties.

Notifications are required to include information, to the extent known, on the location, type of incident, hazards, number of cases or patients and the required emergency and/or health services.

This whole-of-system view is an important function for DHHS as part of its system management role in the health system.

Advice, warnings and planning arrangements related to potential threats to public health (such as a new strain of pandemic flu identified overseas) or upcoming events with potential significant health impacts (such as extreme weather days or major public events) are also an important source of information, and needs to be considered in a collaborative manner and

issued in a coordinated manner. This information enables early assessment to determine the appropriate initiation of readiness activities in anticipation of a major emergency or incident with significant health consequences for communities (refer to Section 6.3.3: Escalation process).

6.3.2 Notifications by DHHS to the health system

Appropriate and timely two-way communications between DHHS, hospitals, primary health care providers and the broader health system is integral to an effective health emergency response.

DHHS notifications

Health system practitioners, agencies and hospitals rely on notifications from DHHS to provide situational awareness of the health system. This is fundamental to support planning for mobilisation of resources and the creation of short term capacity (for example, through activating Code Brown) to accommodate additional health system demand and mitigate the adverse health consequences for communities. Health system practitioners, agencies and hospitals should also maintain their own situational awareness and mobile resources as necessary in the absence of notifications from DHHS.

The relevant Commander or Coordinator (or delegate) will issue a 'first wave' alert for any incident that may present a substantial risk to the health and wellbeing of Victorian communities. The alert provides a state-wide communication to the Victorian public and private health sector, including:

- all public health services
- all private hospitals
- other health sector stakeholders, as appropriate, to support the response.

Actions for the health system

All practitioners, agencies and hospitals operating within these arrangements are required to have:

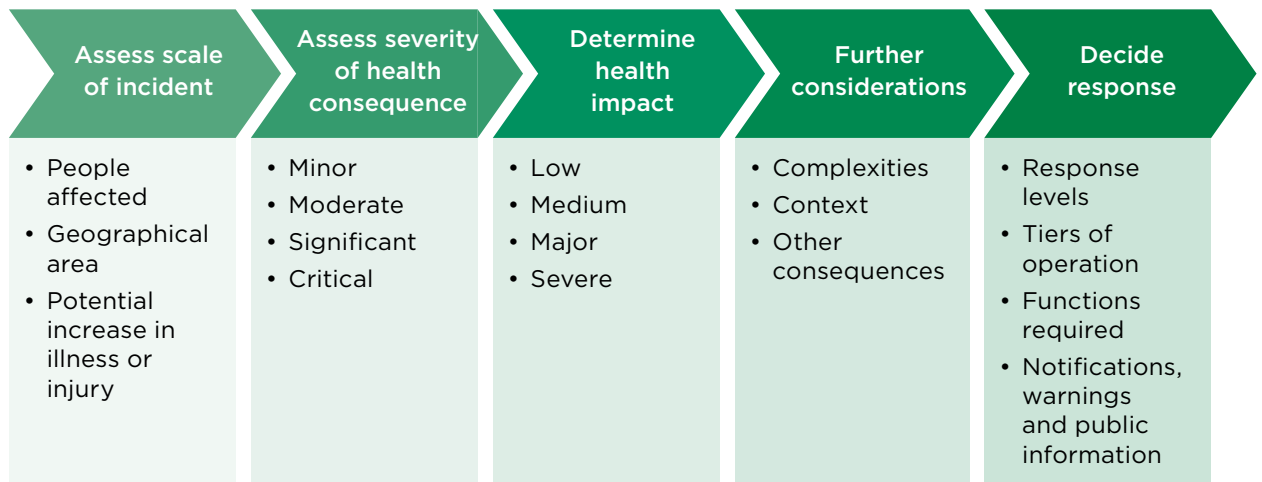
- a single point of contact that is monitored at all times for receiving DHHS notifications
- a plan to escalate their response if and as required.

All health system services that receive a first wave alert need to consider what, if any, impact the incident will have on their operations and respond as required.

6.3.3 Escalation process

Health emergency response is escalated when an incident is assessed as impacting, or likely to impact, the health system’s ability to effectively respond to an incident and mitigate the adverse health consequences for communities (refer to Figure 3).

Figure 3: Overview of escalation process



Upon notification of a potential health emergency (either through the notification process or through departmental monitoring activities), the relevant functional lead (or delegate) will undertake an assessment process (see Figure 4) to determine the appropriate level of response.

The aim of the response is to contain or eradicate disease to minimise its impact in the community, or maximise health outcomes for individuals and communities impacted by an emergency.

Responsibilities and incident management structures for health emergency response are outlined in Section 6.4 Incident management arrangements.

The need to escalate or de-escalate should be continually reviewed as the situation changes or new information becomes available.

Figure 4: Escalation process

SCALE

1. Assess the extent to which the incident has impacted, or may impact, the community’s health on a small, medium, large or very large scale. Consider:

SCALE	EXAMPLE INDICATORS
Number of people affected	<ul style="list-style-type: none"> • Volume of Triple Zero calls • Volume of hospital presentations • Number of presentations and volume of calls to GPs, community pharmacies and other health care service providers (such as NURSE-ON-CALL) • Number of notifications of reportable disease or illness
Size of geographical area affected	<ul style="list-style-type: none"> • Location of Triple Zero calls • Location of increased hospital presentations • Location of notifications of reportable disease or illness • Size of biological or radioactive incidents (actual and predicted) • Extent of food or drinking water contamination
Potential increase in illness or injury (urgency)	<ul style="list-style-type: none"> • Degree of transmissibility and population vulnerability • Number of individuals potentially impacted and unaccounted for • Likely increase in exposure to threat or hazard • Information from other agencies

CONSEQUENCE

2. Assess the extent (severity), or likely extent, of health consequences for incident for community members using the following scale:

HEALTH CONSEQUENCE	DESCRIPTION
Minor	<ul style="list-style-type: none"> • Known and treatable illness or injury. Home management likely • No mortality
Moderate	<ul style="list-style-type: none"> • Illness or injury requires or is likely to require treatment by pre-hospital or primary care services • Minor increase or likely small increase in mortality
Significant	<ul style="list-style-type: none"> • Illness or injury requires or is likely to require treatment in hospital • Moderate increase or likely moderate increase in mortality
Critical	<ul style="list-style-type: none"> • Illness or injury requires or is likely to require extended hospital treatment and rehabilitation • Significant increase or likely significant increase in mortality

HEALTH IMPACT

3. Plot the likely scale and consequence of the incident within the following **Response Matrix** to determine the overall community impact:

		HEALTH CONSEQUENCE			
		Minor	Moderate	Significant	Critical
SCALE	Very large (All or most of state impacted)	Major	Major	Severe	Severe
	Large (Several communities or regions impacted)	Medium	Major	Major	Severe
	Medium (Community impacted)	Low	Medium	Major	Major
	Small (Individuals impacted)	Low	Low	Medium	Major

IMPACT ON HEALTH SYSTEM	EFFECTIVE RESPONSE TO MAXIMISE HEALTH OUTCOMES FOR COMMUNITIES
Low	<ul style="list-style-type: none"> This incident has had, or is likely to have, a low impact on health system operations. Response can be managed within business as usual arrangements.
Medium	<ul style="list-style-type: none"> This incident has had, or is likely to have, a medium impact on health system operations. Response requires capacity or capability additional to the responding business unit. This will typically be a non-major emergency.
Major	<ul style="list-style-type: none"> This incident has had, or is likely to have, a major impact on health system operations. Response requires additional capacity or capability across the health system and multiple government departments/agencies. This may be a major emergency, and may be recognised as a Class 2 health emergency.
Severe	<ul style="list-style-type: none"> This incident has had, or is likely to have, a severe impact on health system operations. The State's capacity or capability to respond has been, or is likely to be, exceeded. Additional capacity or capability is required through multi-jurisdictional and/or international support. This will be a major emergency and will be recognised as a Class 2 health emergency.

Figure 4: Escalation process (continued)

FURTHER CONSIDERATIONS

4. Do any complexities and consequences of this incident change the assessment? Consider the following and adjust (potentially moving one or more columns to the right) on the response matrix:

CONSIDERATION	EXAMPLE
Complexities	<ul style="list-style-type: none"> • Concurrent emergencies • Unprecedented response required (no plan exists or plan untested) • Multi-sectoral consequences requiring significant coordination • Multi-jurisdictional or Commonwealth involvement • Specialised technical knowledge and skills required • Security issues • Accessibility difficulties
Context	<ul style="list-style-type: none"> • Level of community resilience or vulnerability • Need for public information and warnings • Need for communications in relation to the incident • Level of community concern • Level of health system resources required to support response • Level of loss or incapacitation of health structures • Duration of incident

The impact on normal health system operations identified in the response matrix (refer to **Figure 4**) informs a number of decisions by the relevant functional lead (or delegate) to ensure the health system can effectively respond and mitigate the adverse health consequences of an incident.

This includes decisions on:

- tiers of operation to be activated (state, regional, incident)
- capacity and capability required of Incident Management Team(s) at relevant tiers (Level 1, 2 or 3, detailed at Table 3)
- functions that need to be established or scaled (up or down)
- notifications, warnings and public information to be issued
- readiness activities in anticipation of a health emergency.

6.3.4 Response levels

There are three levels of health emergency response:

Table 3: Incident response level

INCIDENT LEVEL	DESCRIPTION	KEY CONSIDERATIONS
Level 1	<p>Level 1 incidents are characterised by being able to be resolved through the use of local or initial response resources only.</p> <p>They are typically small and simple incidents, with low overall community impact.</p> <p>Level 1 incidents will have a low-to-medium impact on normal health system operations.</p> <p>Examples of Level 1 incidents include: routine food recalls; a localised outbreak of infectious disease; localised severe weather events with a limited number of associated health complaints.</p>	<p>The response to Level 1 incidents should consider:</p> <ul style="list-style-type: none"> • Establishment of a Hospital Incident Management Team or an Incident-tier Health Incident Management Team
Level 2	<p>Level 2 incidents may be more complex either in size, resources or risk.</p> <p>They are typically larger in area and more complex than Level 1 incidents, and involve multiple agencies and resources, require public information and medium to major community overall health impact is possible.</p> <p>Level 2 incidents will have a medium-to-high impact on normal health system operations.</p> <p>Examples of Level 2 incidents include: moderate level outbreak of infectious disease; water supply contamination in a small rural town; significant number of injuries/illness at a mass gathering or public event.</p>	<p>The response to Level 2 incidents should consider:</p> <ul style="list-style-type: none"> • The need for more complex management of emergency response in size, resources or risk • The need for deployment of additional resources/subject matter experts to perform dedicated functions due to the levels of complexity • Establishment of a Health Incident Management Team at the appropriate tier/s
Level 3	<p>Level 3 incidents are characterised by high degrees of complexity requiring substantial response management.</p> <p>Complexities of Level 3 incidents might include size, resources, duration, risks and/or difficulty to control. Level 3 incidents may also have high community and media interest and/or require longer-term response operations. They may have major to severe overall community health impact.</p> <p>Level 3 incidents will have a high-to-very high impact on normal health system operations.</p> <p>Examples of Level 3 incidents include: major disease outbreak or pandemic; actual or suspected terrorist attack with mass casualties; significant chemical, biological radiation incidents creating significant risk to communities and involving multiagency response.</p>	<p>The response to Level 3 incidents should consider:</p> <ul style="list-style-type: none"> • The need for more complex management of emergency response in size, resources, communications or risk • The need to coordinate concurrent response and relief and recovery arrangements • The need for deployment of additional resources/subject matter experts to perform the full range of dedicated functions due to the levels of complexity • Establishment of a State Health Incident Management Team and multiple agencies involved • Activation of the State Control Centre where necessary • Develop an action plan outlining objectives, strategies and resource allocations

6.3.5 Stand down

Stand down is the return to business-as-usual operations when deployment of resources and personnel is no longer required. For Class 2 health emergencies, the relevant incident controller is responsible for notifying the health system to stand down operations. Agencies involved in a response may consider undertaking one or more stand down activities. These activities may include but are not limited to:

- notifying relevant public health services, private hospitals, the primary health sector and other health sector stakeholders of incident site stand down
- hot debrief of all participants to learn from the emergency management experience
- peer support advice and information for personnel involved in a response, such as access to employee assistance programs.

For any major emergencies, a review of this plan and supporting plans and standard operating procedures will be required (refer to Section 1.9).

6.3.6 Transition to relief and recovery

Emergency response coordinators are responsible for advising all agencies involved in the health emergency of the termination of the emergency response.

Once the emergency response activities have concluded and where relief and recovery activities need to continue, the arrangements for managing the emergency will transition from the arrangements under this plan to the arrangements for managing recovery as outlined in the EMMV Part 4 – State Emergency Relief and Recovery Plan.

6.4 Incident management arrangements

The SERP outlines the arrangements for the management of all emergencies in Victoria. The SERP uses a three-tiered approach to emergency management, with the key control, command and coordination functions performed at the incident, regional and state tiers of emergency response.

Class 2 health emergencies can have unique characteristics such as:

- geographically dispersed and widespread, with no identifiable 'incident site'
- largely invisible
- communicable
- unfamiliar or unknown.

In some circumstances it will be appropriate to manage health emergencies at the incident tier (for example, an infectious disease outbreak limited to a single hospital facility).

However the management of public health incidents usually occurs centrally, at the state tier. This means that a Regional and/or Incident Controller may not be required. This does not remove the control agencies' responsibilities at either the incident or regional tiers. Therefore, for Class 2 health emergencies where there is no Regional or Incident Controller appointed, the State Controller is responsible for the incident, regional and/or state tiers. This may require the State Controller to appoint a Deputy Controller specifically focused on consequence management and liaison with incident and/or regional teams (as appropriate).

In the event of a major health emergency (Class 2), for example a complex geographically dispersed pandemic, it is expected that all three tiers will be fully operational in a manner consistent with the SERP.

The management of health emergency response to incidents other than Class 2 health emergencies may also be managed at the state level, with or without the support of regional and/or incident- tier incident management teams.

6.4.1 Health emergency incident management system

Health emergency response uses the operational methodologies and structures consistent with established incident management systems, such as Australasian Inter-Service Incident Management Systems (AIIMS), and their underpinning principles.

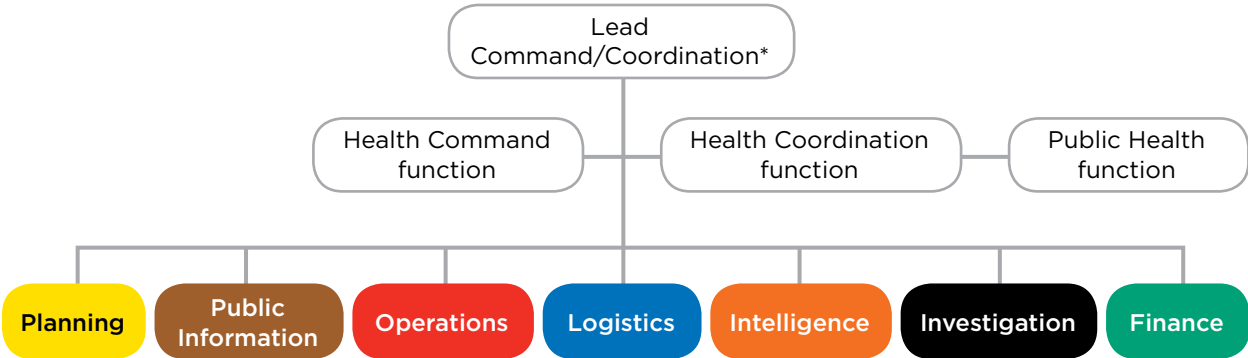
There are seven core functions that can be established within an Incident Management Team to manage an incident. These are: planning, public information, operations, logistics, intelligence, investigation and finance.

Importantly, this system is scalable, and functions can be expanded or reduced depending on the size and complexity of the incident. A Health Incident Management Team may be established at every tier, or one tier only, depending on what is needed to effectively respond to a health incident and mitigate the adverse consequences for individuals or communities. Likewise, a function should only be established where it is necessary and appropriate for the effective management of the incident.

The public information function will usually only be established at the state tier to facilitate consistent, timely and targeted provision of public information. The operations function will typically include a range of activities necessary for the effective response to a health emergency or the health consequences of an emergency. This may include coordination across ambulance, primary health, mental health, health services, aged care and public health. The intelligence function may be activated early to assist with situational awareness of a likely or unfolding incident. Often this information will originate from regional DHHS, Ambulance Victoria or EPA teams, or local health service providers. Investigation and finance functions are more likely to be required for larger or more complex health emergencies.

The response matrix will inform the decision as to which functions will be established and at which tier or tiers and at which locations.

Figure 5: Example health incident management team structure



* At the State tier, the lead is determined by whether DHHS is control or support agency and the nature of incident, as described in Table 1: Key functions in a health emergency. At the regional tier, the Health Coordination function is lead. At the incident tier, the Health Command function is lead.

Health emergency response (where DHHS is operating as a support agency)

The relevant Commander or Coordinator will manage the health response to incidents or emergencies (other than Class 2 health emergencies) with health consequences that go beyond normal health system operations.

On advice from the State Health Commander, State Health Coordinator and the Public Health Commander, the State tier Incident Management Team lead is responsible for activating the State Emergency Management Centre and deploying a State tier Health Incident Management Team (S-HIMT), with functional sections as necessary and appropriate for the effective management of the incident.

6.4.2 State tier governance

The EMC coordinates the state response to major emergencies, including Class 2 health emergencies, through the following five key teams (refer to Table 5).

During or following a large-scale emergency, the Victorian Government’s Security and Emergency Management Committee of Cabinet (SEMC) may provide whole of government ministerial oversight.

The State Crisis and Resilience Council (SCRC) provides SEMC with assurance that the broad social, economic, built and natural environmental consequences of the emergency are being addressed at a whole of government level. SCRC also has responsibility for the oversight of the development of a whole of government communications strategy for the approval of SEMC.

Table 4: Functions and membership of key state response teams

TEAM	ROLE/FUNCTION	MEMBERSHIP FOR CLASS 2 HEALTH EMERGENCY
State Coordination Team (SCOT)	<ul style="list-style-type: none"> oversees the coordination functions and responsibilities on behalf of the EMC sets the strategic context of the readiness, response, relief and recovery phases. 	EMC and/or Chief Commissioner for Police (CCP) State Controller – Health Emergency Chief Health Officer State Health Coordinator Senior Police Liaison Officer (SPLO) State Relief and Recovery Manager (SRRM) DHHS State Liaison Officer (DHHS SLO) State Consequence Manager (SCM) Others as determined by EMC/CCP
State Control Team (SCT)	<ul style="list-style-type: none"> oversees the control functions and responsibilities on behalf of the EMC implements the strategic context of the readiness, response, and where appropriate relief and recovery phases. 	State Controller – Health Emergency EMC Chief Health Officer State Health Commander Chief Officer CFA or State Agency Commander (SAC) Chief Fire Officer DELWP or SAC Chief Officer MFB or SAC Chief Officer Operations SES or SAC SPLO SCM SRRM DHHS SLO Others as determined by EMC/State Controller

TEAM	ROLE/FUNCTION	MEMBERSHIP FOR CLASS 2 HEALTH EMERGENCY
State Emergency Management Team (SEMT)	<ul style="list-style-type: none"> oversees the management of strategic risks and consequences of the emergency situation. 	EMC CCP State Controller - Health Emergency Chief Health Officer State Health Coordinator State Health Commander SPLO SRRM SACs (CFA, DELWP, MFB, SES, VicPol, AV) Other emergency management functional roles across Government and agencies as appropriate
EMJPIC Executive	<ul style="list-style-type: none"> oversees the media and communications functions and responsibilities on behalf of the EMC sets priorities for EMJPIC in communications and engagement. 	EMC Assistant Commissioner VicPol Director Relief and Recovery EMV Executive Director Communications DPC Executive Director Communications and Media DHHS Executive Director Communications VicPol Executive Director Communications DELWP Director Emergency Management Resilience EMV EMJPIC Chair (General Manager Media and Communication, EMV) Executive Director, Strategic Communications DEDJTR Executive Director, Strategic Communication DJR Executive Director, Communications, DET Executive Director, Communications, DTF Others as determined by EMC / EMJPIC Executive
EMJPIC	<ul style="list-style-type: none"> coordinates all public emergency messaging for operational readiness, response and recovery. 	General Manager Media and Communication, EMV Executive Director Communications and Media DHHS Communication officers from all agencies and departments

6.4.3 Regional tier governance

The control, command and coordination of a health emergency response will not always be appropriate at the regional tier.

The response to public health incidents for example, will usually be centrally coordinated and led at the State level, but may rely on regional DHHS teams and regional liaison officers from other relevant agencies to distribute information, respond to community concerns and manage consequences.

If a health response at the regional tier is considered necessary and appropriate for the effective management of the incident, the Regional Health Coordinator will form a Regional tier Health Incident Management Team (R-HIMT). This may be on the recommendation of the Regional Health Commander.

6.4.4 Incident tier governance

All major emergencies (Class 1, 2 and 3) may be managed at the incident tier, and the health sector needs to be engaged at that tier to adequately support the health response.

Where health incidents are managed at the incident tier, for example, an incident at a hospital, which is contained to a single facility, it will involve the establishment of a Hospital Incident Management Team (HoIMT).

However as is the case with regional tier governance, control, command and coordination of a health emergency response will not always be appropriate at the incident tier, either because there is no incident 'site' (for example, epidemic thunderstorm asthma) or because the response is most appropriately coordinated centrally (using State tier arrangements).

If a response at the incident tier is considered necessary and appropriate for the effective management of the incident, the Incident Health Commander will form an Incident tier Health Incident Management Team (I-HIMT) with support from Hospital Commanders from affected facilities.



7 Appendices

Appendix A: Glossary

TERM	DEFINITION
Acute care	Victorian acute care includes admitted and non-admitted services such as critical care, surgical services, Hospital in the Home, specialist clinics, trauma and emergency services.
All communities, all emergencies approach	This approach to the planning, response to and recovery from an emergency, is one that is adaptable for a wide range of situations and considers the needs of different community groups.
Business continuity	The uninterrupted availability of all key resources supporting essential business function. Business continuity management provides for the availability of processes and resources in order to ensure the continued achievement of critical services objectives.
Casualty	A person who is sick, injured or killed in an emergency.
Chief Health Officer	The Chief Health Officer appointed under the <i>Public Health and Wellbeing Act 2008</i> .
Class 1 emergency	Definition from the <i>Emergency Management Act 2013</i> : Class 1 emergency means— (a) a major fire; or (b) any other major emergency for which the Metropolitan Fire and Emergency Services Board, the Country Fire Authority or the Victorian State Emergency Service Authority is the control agency under the state emergency response plan.
Class 2 emergency	Definition from the <i>Emergency Management Act 2013</i> : Class 2 emergency means a major emergency which is now— (a) a Class 1 emergency; or (b) a warlike act or act of terrorism, whether directed at Victoria or a part of Victoria or at any other State or Territory of the Commonwealth; or (c) a hi-jack, siege or riot.
Class 3 emergency	Class 3 emergency is not a defined term in the <i>Emergency Management Act 2013</i> . For the purpose of this plan, a Class 3 emergency means a warlike act or act of terrorism, whether directed at Victoria or a part of Victoria or at any other State or Territory of the Commonwealth, or a hi-jack, siege or riot.

TERM	DEFINITION
Code Brown	Nationally recognised hospital code for an external emergency.
Command	Directing an agency's people and resources in the performance of its role and tasks. Authority is vertical within the agency.
Control	The overall direction of response activities in an emergency situation. Control acts horizontally across agencies, as it carries the responsibility for tasking other agencies.
Control Agency	An agency nominated through the authority of the EMMV to control response activities for a specific emergency.
Coordinate/ coordination	Bringing together agencies and elements to ensure an effective response to the emergency. It involves the systematic acquisition and application of resources (agencies, personnel and equipment).
EM-COP	The Emergency Management Common Operating Picture (EM-COP) is a web-based platform that enables the emergency management sector to create and publish community notifications and warnings.
Emergency	Definition from the <i>Emergency Management Act 1986</i> : 'An emergency due to the actual or imminent occurrence of an event which in any way endangers or threatens to endanger the safety or health of any person in Victoria, or which destroys or damages, or threatens to destroy or damage, any property in Victoria, or endangers or threatens to endanger the environment or an element of the environment in Victoria including, without limiting the generality of the foregoing: (a) an earthquake, flood, wind-storm or other natural event; and (b) a fire; and (c) an explosion; and (d) a road accident or any other accident; and (e) a plague or an epidemic; and (f) a warlike act, whether directed at Victoria or part of Victoria or at any other State or Territory of the Commonwealth; and (g) a hi-jack, siege or riot; and (h) a disruption to an essential service.'
Emergency management	Measures taken in response to particular hazards, incidents or disasters.
Escalation	The act of moving to a higher level of response for appropriate management of the emergency incident. Escalation is based on the risk factors associated with the incident including factors such as size, resources or media interest.
Hazard	A condition or event potentially harmful to the community or environment.
Health Commander	The person responsible for directing the pre-hospital health emergency operations. At each tier the Health Commander will be an appropriate ambulance manager. Otherwise, the appointment is made by the SHEMC.
Health Coordinator	An emergency management role, within the regional and state tiers, responsible for representing and coordinating the activities of DHHS in response to an emergency at that tier.

TERM	DEFINITION
Health emergency	Health emergency in the context of this plan includes an incident or emerging risk to the health of community members, from whatever cause, and requires a significant and coordinated effort to ensure the health system can effectively respond and mitigate the adverse health consequences for communities.
Health response	The significant and coordinated management of pre-hospital and hospital response to a health emergency.
Health service	Relates to public health services, denominational hospitals, metropolitan hospitals and public hospitals, as defined by the <i>Health Services Act 1988</i> , with regard to acute and subacute services provided within a hospital or a hospital-equivalent setting.
Health system	For the purposes of this plan, references to the health system include acute, public and primary health service providers.
Incident management system	A flexible, scalable organisational management structure that includes the functions of operations, planning, logistics, administration/finance and public affairs to facilitate efficient management of an incident.
Major emergency	Definition from the <i>Emergency Management Act 2013</i> : Major emergency means— (a) a large or complex emergency (however caused) which— i. has the potential to cause or is causing loss of life and extensive damage to property, infrastructure or the environment; or ii. has the potential to have or is having significant adverse consequences for the Victorian community or a part of the Victorian community; or iii. requires the involvement of 2 or more agencies to respond to the emergency; or (b) a Class 1 emergency; or (c) a Class 2 emergency.
Mass casualty situation	An emergency involving such number and severity of casualties for which normal local resources for response may be inadequate.
Operational debrief	A meeting held during or at the end of an operation to assess its conduct or results. Final debriefing needs to be delayed until all information and data are available to inform the operational debrief.
Operational response plan	A plan prepared by an agency/organisation or functional area which describes the operations carried out to support the control agency during health emergency response operations. It is an action plan describing how the agency/organisation or functional area is to be coordinated in order to carry out allocated roles and responsibilities.
Pre-hospital	A functional component of health emergency response, from response at the scene of an incident, to the receiving hospital or other healthcare facility.
Preparedness	The action to minimise loss of life and damage, and the organisation and facilitation of timely, effective rescue, relief and rehabilitation in case of an emergency.
Primary health	The care received at the first point of contact with the healthcare system, for example, when someone sees a physiotherapist because they have a sore back. It is traditionally delivered in community health centres or through private allied health providers.

TERM	DEFINITION
Public health	The organised response by society to protect and promote health of the population as a whole, and to prevent illness, injury and disability.
Public Health Commander	The public health command functional lead performed by the Chief Health Officer (or delegate).
Public health emergency	Public health emergencies (for which DHHS is the control agency) include: <ul style="list-style-type: none"> • biological and radioactive incidents • retail food contamination • food and water contamination • human disease
Situation report	A brief report that is published and updated periodically during an emergency that outlines the details of the emergency, the health tasks generated, and the responses undertaken as they become known.
Stand down	The return to business-as-usual operations when deployment of resources and personnel is no longer required.
Standard Operating Procedures	The internal response procedures which document operational and administrative procedures to be used.
State Control Centre (SCC)	Victoria's primary control centre for the management of emergencies. The purpose of the SCC is to provide a facility to support the EMC to meet the state control priorities and objectives.
State Emergency Management Centre	Used to coordinate the health and human services response and recovery operations of medium to large-scale emergencies. It is located on Level 1, 50 Lonsdale St, Melbourne.
State Health Emergency Management Coordinator	An executive-level public administration function performed by DHHS and appointed by the Secretary of the Department.
Support agency	An agency that provides essential services, personnel or material to support or assist a control agency or affected persons. Any agency may be requested to assist in any emergency if it has skills, expertise or resources that may contribute to the management of the emergency.
Tiers of operation	There are three tiers of incident control for emergency response in Victoria: incident, regional and state.
Triage	The process by which casualties are sorted, prioritised and distributed, according to their need for first aid, resuscitation, emergency transportation and appropriate care.
Vulnerable person	A vulnerable person under this plan refers to someone living in the community who is: <ul style="list-style-type: none"> • frail, and/or physically or cognitively impaired; and • unable to comprehend warnings and directions and/or respond in an emergency situation.

Appendix B: Relevant Victorian public health legislation

	ADDITIONAL LEGISLATION RELATED TO THIS PLAN
1	<i>Ambulance Services Act 1958</i>
2	<i>Health Records Act 2001</i>
3	<i>Health Services Act 1988</i>
4	<i>Local Government Act 1989</i>
5	<i>Occupational Health and Safety Act 2004</i>
6	<i>Safe Drinking Water Act 2003</i>
7	<i>Food Act 1984</i>
8	<i>Radiation Act 2005</i>

Appendix C: National plans relating to SHERP

PLAN	DESCRIPTION
AEMA	The Australian Emergency Management Arrangements, which provide an overview of how Commonwealth, state, territory and local governments collectively approach the management of emergencies, including catastrophic disaster events.
AHMPPI	The Australian Health Management Plan for Pandemic Influenza, a national health plan for responding to an influenza pandemic based on international best practice and evidence. It outlines the measures that the health sector will consider in response to an influenza pandemic. This plan may call on elements of SHERP4 in support.
AUSASSISTPLAN	Outlines the coordination arrangements for the provision of Australian Government assistance, be it financial, technical or physical, to an overseas disaster in countries eligible for official development assistance (ODA) as well as for non ODA countries.
AUSTRAUMAPLAN	Provides an agreed framework and mechanisms for the effective national coordination, response and recovery arrangements for mass casualty incidents of national consequence resulting from trauma. Includes the Severe Burn Injury annex (AUSBURNPLAN).
COMDISPLAN	Coordination arrangements for the provision of Australian Government physical assistance to states and territories in the event of a disaster where the jurisdiction's own resources are exhausted or unavailable.
NatHealth arrangements	The National health emergency response arrangements, which direct how the Australian health sector (incorporating state and territory health authorities and relevant Commonwealth agencies) would work cooperatively and collaboratively to contribute to the response to, and recovery from, emergencies of national consequence.
National arrangements for mass casualty transport	The national arrangements to plan for and coordinate medical transport within Australia in response to a mass casualty event.
NATCATDISPLAN	Describes the national coordination arrangements for supporting states, territories and the Commonwealth governments in responding to and recovering from catastrophic natural disasters in Australia.
National counter terrorism plan	This plan outlines responsibilities, authorities and the mechanisms to prevent (or if they occur, manage) acts of terrorism and their consequences within Australia.
OSMASSCASPLAN	The National response plan for mass casualty incidents involving Australians overseas, which details the primary response arrangements to overseas incidents involving Australian nationals and other approved persons.

Appendix D: List of relevant operational response plans and supporting documents

Status correct at time of publication and subject to change

PLAN	DESCRIPTION	STATUS
Communicable Disease Incident and Emergency Operational Response Plan	Outlines DHHS' arrangements for managing a response to communicable disease incidents and emergencies. This includes the roles and responsibilities of the relevant DHHS branch responsible for initiating and managing the response.	Under development
Food Incident and Emergency Operational Response Plan	Outlines DHHS' arrangements for managing a response to food contamination incidents and emergencies. This includes the roles and responsibilities of the relevant DHHS branch responsible for initiating and managing the response.	Under development
Water Incident and Emergency Operational Response Plan	Outlines DHHS' arrangements for managing a response to drinking water contamination incidents and emergencies. This includes the roles and responsibilities of the relevant DHHS branch responsible for initiating and managing the response.	Under development
CBRNE Incident and Emergency Operational Response Plan	Outlines DHHS' arrangements for managing a response to chemical, biological, radiological, nuclear and explosive incidents and emergencies. This includes the roles and responsibilities of the relevant DHHS branch responsible for initiating and managing the response.	Under development
Epidemic Thunderstorm Asthma Preparedness and Operational Response Plan	Describes the DHHS arrangements for preparing for and managing a response to an Epidemic Thunderstorm Asthma event. This includes arrangements for the forecasting and monitoring of epidemic thunderstorm in preparation for future pollen seasons.	Active (under revision)
Ambulance Victoria Emergency Response Plan	Outlines Ambulance Victoria's arrangements for the management of major incidents across Victoria. It describes key responsibilities and activities of AV including the role of personnel in the pre-hospital line of command, the management of communication and information, and the mobilisation of AV resource capability during a major incident.	Under revision
ESTA Critical Incident Response Plan (CIRP)	Provides a guideline for implementing various strategies that mitigate impacts to service delivery during periods of surge. It describes how ESTA escalates its response and manages critical incidents.	Active
Heat Health Plan for Victoria (2015)	Outlines a coordinated and integrated response to extreme heat in Victoria and sets out the actions and systems in place to support those most at risk during periods of extreme heat.	Active

PLAN	DESCRIPTION	STATUS
State Smoke Framework (2016)	Describes a cross-government approach to smoke events that impact air quality and the health of communities and outlines the strategies and tools for smoke management measures.	Active
Victorian Medical Assistance Team Policy (2015)	Describes the authorising environment, resilience activity, deployment arrangements, response and mobilisation at incident level for VMAT operations. The policy specifies the health services nominated to maintain VMAT capability.	Active
Victorian Medical Assistance Team Protocol (2016)	Describes the selection, training, equipping, deployment and administrative arrangements for VMAT. It lists the various major, metropolitan and regional trauma centres at which VMATs have been established, the composition of each VMAT team, training and exercising requirements, and the process by which VMAT assistance may be activated.	Active
DHHS Public Information and Warnings Business Rules and Decision-making Guide (2017)	Outlines the roles and responsibilities for issuing public information and warnings for health emergencies, to the extent that these differ to the arrangements in the SHERP.	Active
DHHS First Wave Notification	Outlines the consideration for issuing a first wave notification and the process by which one is sent. A first wave notification provides a means of alerting the health sector about incidents (actual or potential) that may result in widespread or catastrophic consequences on the Victorian community or health infrastructure.	Active
Epidemic Thunderstorm Asthma Warnings Protocol	Outlines the procedures for the Chief Health Officer and the Emergency Management Commissioner to approve thunderstorm asthma warnings.	Active (under revision)
Guidelines for multiple burns casualties (2015)	Outlines the response strategies required for an incident resulting in multiple burn casualties in Victoria. In particular, it describes the means by which the State's two burn services will support and respond to an incident involving multiple burn casualties.	Active
Victorian health management plan for pandemic influenza (2014)	Provides a framework for government and the health sector to minimise transmissibility, morbidity and mortality associated with an influenza pandemic, and to manage the impact of a pandemic on the community and the health system.	Active
Mass Casualty and Pre-hospital Operational Response Plan	Provides additional detail for managing a health emergency response involving mass casualties and pre-hospital arrangements. It describes the leadership and management arrangements for a health emergency response within the incident tier of operations.	Under development

PLAN	DESCRIPTION	STATUS
Additional Capability and Capacity Operational Response Plan	Outlines scalable arrangements to mobilise additional capability and capacity across the health sector. This includes arrangements to engage first aid agencies, general practitioners (GPs), community pharmacists, and Field Emergency Medical Officers or coordinators in a health emergency response. The aim of this plan is to improve health sector preparedness for emergencies by increasing system wide capacity and capability enabling greater scalability, availability, and accessibility of required resources in the event of an emergency.	To be developed
Regional Health Emergency Operational Response Plan	Provides additional detail for managing a regional health emergency response. It describes the leadership and management arrangements for a health emergency response within the regional tier of operations.	Under development
SUPPORTING DOCUMENTS		
Public Events and Mass Gatherings Guidelines	Provides information to assist event organisers in their health emergency preparedness activities. Includes a checklist to assist in planning a health emergency response.	Under development
Code Brown Guidelines	Provides information to assist health services prepare Code Brown Plans. The guidelines aims to clarify the purpose of Code Brown plans and highlights some key steps to take before, during and after an external emergency.	Active
Emergency Incident Casualty Data Collection Protocol	Describes the procedures for the provision of emergency incident information between health services and DHHS. The protocol applies to all Victorian public and private health services with an Emergency Department or Urgent Care Centre. Its objective is to collate reliable, accurate, timely and consistent information on presentations to health services resulting from an emergency incident.	Active
Key Function Descriptions	Describes the roles, responsibilities and functions of the State Health Emergency Management Coordinator (SHEMC), Public Health Commander, State Health Coordinator and State Health Commander. It also describes the key attributes, qualification and/or training required to fulfil the role of the SHEMC, Public Health Commander, State Health Coordinator and State Health Commander.	Under revision
Primary Health Networks Guidelines	Provides information to assist primary health networks to prepare for and respond to emergencies.	Under development

Appendix E: Summary of relevant health care facility emergency codes

The following codes are based on *Australian Standard (AS) 4083 - 2010 Planning for emergencies - Health care facilities*.

CODE COLOUR	DESCRIPTOR	DESCRIPTION OF EMERGENCY
Code Red	Fire / smoke	Fire or smoke emergency
Code Blue	Medical emergency	Medical emergency (for example cardiac arrest)
Code Purple	Bomb threat	Bomb threat or suspicious item / mail
Code Yellow	Infrastructure and other internal emergencies	Any internal emergency that affects service delivery, for example: <ul style="list-style-type: none"> • electricity supply disruption • information technology disruption • structural damage • staffing and overcrowding emergencies • bushfires and cyclones.
Code Black	Personal threat	Person threatening or attempting to harm self or others. Includes Code Black Alpha for infant or child abduction
Code Brown	External emergency	A multi-casualty incident that stretches or overwhelms the available health resources, for example: <ul style="list-style-type: none"> • aircraft crash • structural collapse • explosion.
Code Orange	Evacuation	Requirement to evacuate patients, staff and visitors to a designated assembly area due to an emergency, for example: <ul style="list-style-type: none"> • fire • bomb threat • structural damage.

