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| Summary of changes to the State Health Emergency Response Plan |
| Quick reference guide State Health Emergency Response Arrangements |

The State Health Emergency Response Plan, edition 4 (SHERP4) commenced on 1 October 2017. This  
quick reference guide provides a summary of the key changes between SHERP4 and its predecessor, SHERP3.

For further clarification on any point below, please direct your enquiries to [SHERP.review@dhhs.vic.gov.au](mailto:SHERP.review@dhhs.vic.gov.au)

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| Changes to State Health Emergency Response Arrangements Framework | |
| SHERP3/Pre October 2017 | SHERP4/Post October 2017 |
| Scope | |
| Described the command and coordination roles and responsibilities for hospital and pre-hospital response to health emergencies, as a support agency | Continues the command and coordination arrangements as established in SHERP3.  Expands scope to include health emergencies control arrangements  Is supported by a range of operational support plans, protocols and guides that provide additional detail about the many different elements of a health emergency response. These include:   * + - plans that describe the specific operational detail for control of public health emergencies, including Thunderstorm Asthma     - mass casualties and pre-hospital operational arrangements, and     - guidelines to assist with preparing Code Brown plans.   *Refer to SHERP4, Appendix D for all operational response plans and supporting documents (pp 49-51).* |
| *Visit the Emergency Management Victoria website* [*https://www.emv.vic.gov.au/news/the-six-cs*](https://www.emv.vic.gov.au/news/the-six-cs) *for more information about command, control and coordination in the context of emergency management.* |
| Content | |
| Provided detail on State, Regional and Incident tier leadership and management arrangements for the health emergency response. | Focusses on the strategic framework for responding to any health emergency, whether in control or as in support.  State tier leadership and management arrangements are described in SHERP4, while the additional detail for operations at regional and incident tiers are captured in operational response plans |
| Consequence management | |
| Escalation was based on scale of the support functions of a health response and had limited consideration of consequences.  SHERP3 acknowledged that agencies involved in an emergency response needed to assess risks based on their impact on operations. | Introduces a risk assessment methodology for escalation of emergency responses to mitigate the adverse health consequences for communities.  The methodology includes responding to an event for which the cause is unknown but the consequences are observable, for example increased presentations at emergency departments. It also includes the key considerations for assessing the scale of the response and establishing the emergency response level |

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| Changes to roles and responsibilities | |
| SHERP3/Pre October 2017 | SHERP4/Post October 2017 |
| Senior leadership roles | |
| Had three leadership roles at the state tier:  State Health and Medical Commander  State Health Commander  State Health Coordinator. | State Health Commander and State Health Coordinator roles continue.  State Health and Medical Commander role ceases.  Two new roles introduced:   * + - State Health Emergency Management Coordinator     - Public Health Commander.   *For information on responsibilities in both control agency and support agency roles, refer to SHERP4, table 1 (pp 23-25).* |
| Coordination across the health system | |
| Health emergency responses were coordinated between health services, ambulance and pre-hospital services.  Additional health system capacity was sought through ad‑hoc requests. | Health response can be coordinated across all relevant elements of the health system, including public and private hospitals and community pharmacies.  Operational response plans, protocols and guidelines sitting under SHERP4 support a systematic approach to scaling up additional capacity to ensure the health needs of the community are met during emergencies. |

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| Health system communications | |
| SHERP3/Pre October 2017 | SHERP4/Post October 2017 |
| Health system alerts | |
| Introduced a first wave notification to health services via email, which alerted services an external event that may impact on capacity. | First wave notification email process is strengthened by an additional SMS notification.  Health services are required to provide and maintain a 24/7 single contact point for services during emergencies. |
| Code brown notifications | |
| Health Services notified the department when they activated their Code Brown plan. | State Health Coordinator can issue a notification for health services to implement their Code Brown plans, and direct health services to provide patient data about casualties attributable to the emergency event.  Health Services continue to notify the department at any time they activate their Code Brown plans.  *Refer to the Code Brown Guidelines for further information.* |