Queensland Health Disaster Plan

2014

Published December 2014

Authorisation

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

The plan is the principal document , which supports Queensland Health to respond effectively and appropriately to disaster events.

The plan outlines the Queensland Disaster Management framework, health systems and processes. Specific health roles and responsibilities are in accordance with the State Disaster Management arrangements and provisions to guide responses during a disaster event. It includes a number of Annexures with additional detail for specific events and threats such as emergency supply of blood, mass casualty and influenza pandemic.

This plan is designed to aid as an escalation pathway in support to Hospital and Health Services and to compliment Queensland Ambulance Service (QAS) disaster management plans in disaster response.

The Chief Health Officer, on behalf of the Director-General, maintains the plan for the Department of Health.

The 2014 Queensland Health Disaster Plan is hereby approved and recommended for distribution.

Ian Maynard
Director-General

December 2014
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Approved for distribution

This document is approved for distribution within Hospital and Health Services, State Government agencies and appropriate and relevant stakeholders.

Dr Michael Cleary
Chief Operations Officer, Deputy Director-General
Health Service and Clinical Innovation Division
December 2014

Preface

The *Queensland Heath Disaster Plan* has been prepared pursuant to the *Queensland Disaster Management Act 2003* and the *Disaster Management and Other Legislation Amendment Act 2010* and, provides for an all-hazards, multi-agency and comprehensive approach to disaster management.

The plan incorporates an Incident Management System methodology across the key elements of agency emergency preparedness, response capability and business continuity management.

The plan is intended for use by Queensland Health, partners and other agencies and should be read in conjunction with the Queensland State Disaster Management Plan.

Amendments

Proposed amendments or additions to this plan are to be forwarded to:

Director Counter Disaster and Major Events
Retrieval Services and Counter Disaster Unit
Chief Health Officer Branch
Department of Health

Postal Address
GPO Box 48
Brisbane Qld 4001

Physical Address
147–163 Charlotte Street
Brisbane Qld 4000

This plan will be updated electronically and available on the Queensland Health intranet. The electronic copy is the master copy and, as such is the only copy which is recognised as being current.

To ensure currency of the Plan holders should insert amendments to the plan as soon as they are received. When an amendment is inserted into the Plan, the amendment should be recorded in the amendment schedule below.

Amendment		Entered	
Number	Issued (date)	Signature	Date

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Part I: Structure and governance

1.1. Definition

The Queensland Health portfolio consists of the:

- Department of Health
- Hospital and Health Services;
- Queensland Ambulance Service.

1.2. Purpose and scope

The purpose of the *Queensland Health Disaster Plan* is to provide the principles, standards and structures which govern and optimise a coordinated health response to an emergency incident or disaster event.

The scope of this plan includes all Queensland Health entities. The plan has been developed primarily to cover the State of Queensland, however it can support other states and territories and, at the request of the Australian Government, can be used for the deployment and coordination of overseas responses. The Queensland Ambulance Service (QAS) currently operates in accordance with their State Major Incident and Disaster Plan (August 2013).

1.3. Governance, monitoring and review

Legislation, acts and plans

National

Emergency Management Australia (EMA) is responsible for the management of the Australian Government Disaster Response Plan (COMDISPLAN). The Minister for Defence is designated as the Cabinet Minister with responsibility for disaster related matters. EMA is nominated as the agency responsible for planning and coordinating Commonwealth physical assistance to the states and territories under the Commonwealth Emergency Management Policy.

State

The *Queensland Disaster Management Act 2003* (the Act), along with the *Disaster Management and Other Legislation Amendment Act 2010,* provides the legislative basis for disaster management arrangements in Queensland. It makes the provision for the establishment of disaster management groups for the disaster, district and local government areas.

The *State Disaster Management Plan* describes the Queensland disaster management arrangements and approach to disaster management in support of the guiding principles and objectives of the Act.

The *State Chemical, Biological and Radiological Plan* (CBR) outlines the responsibilities and arrangements for the preparedness and initial management of CBR incidents, whether the result of accidental or deliberate origin.

The principles for disaster management in Queensland, as based on the Act and the *State Disaster Management Plan* are executed through four priority areas:

- risk management
- local government capability and capacity
- community capability and capacity
- effective disaster operations.

Queensland Health contributes to the *Queensland Government Disaster Management Strategic Policy Framework* by:

- Ensuring effective development and implementation of health disaster management process.
- Establishing and maintaining health response capability and effective disaster management arrangements between the state and the Australian Government.
- Sourcing health resources, in and outside the state that may be used for disaster operations.
- Providing reports and making recommendations regarding disaster management and disaster operations for the state.

Local Arrangements

Relevant health legislation supports the Act to assist continuity management planning and to assist the community and other services return to normal during disaster response and recovery activities.

Health legislation includes:

- *Health and Public Health Act 2005*
- *Hospital and Health Boards Act 2011* and *Hospital and Health Boards Regulation 2012.*

Queensland Health responsibilities

Queensland Health is the Functional Lead Agency for the emergency support functions of:

- public health and medical services
- emergency medical retrieval (with Queensland Ambulance Service).

Queensland Health is the identified primary agency responsible for hazard specific state level plans and leading the whole-of-government management for the State of Queensland during:

- heatwaves
- biological incidents
- radiological incidents
- pandemics.

This plan and the annexures shall be reviewed:

- annually—at least two months prior to the summer season preparedness
- following the activation of the plan in response to an event
- within one month of any exercise designed to test the effectiveness of this plan
- on the introduction of any major structural, organisational or legislative changes that affect Queensland Health operations.

1.4. Queensland disaster management arrangements

The Queensland Disaster Management Arrangements (QDMA) operate on three distinct levels (Local Government, Disaster District and State Government) to ensure coordinated and effective organisational capacity to help prevent, prepare for, respond to and, recover from disasters and major incidents in Queensland. This is displayed in Figure 1.
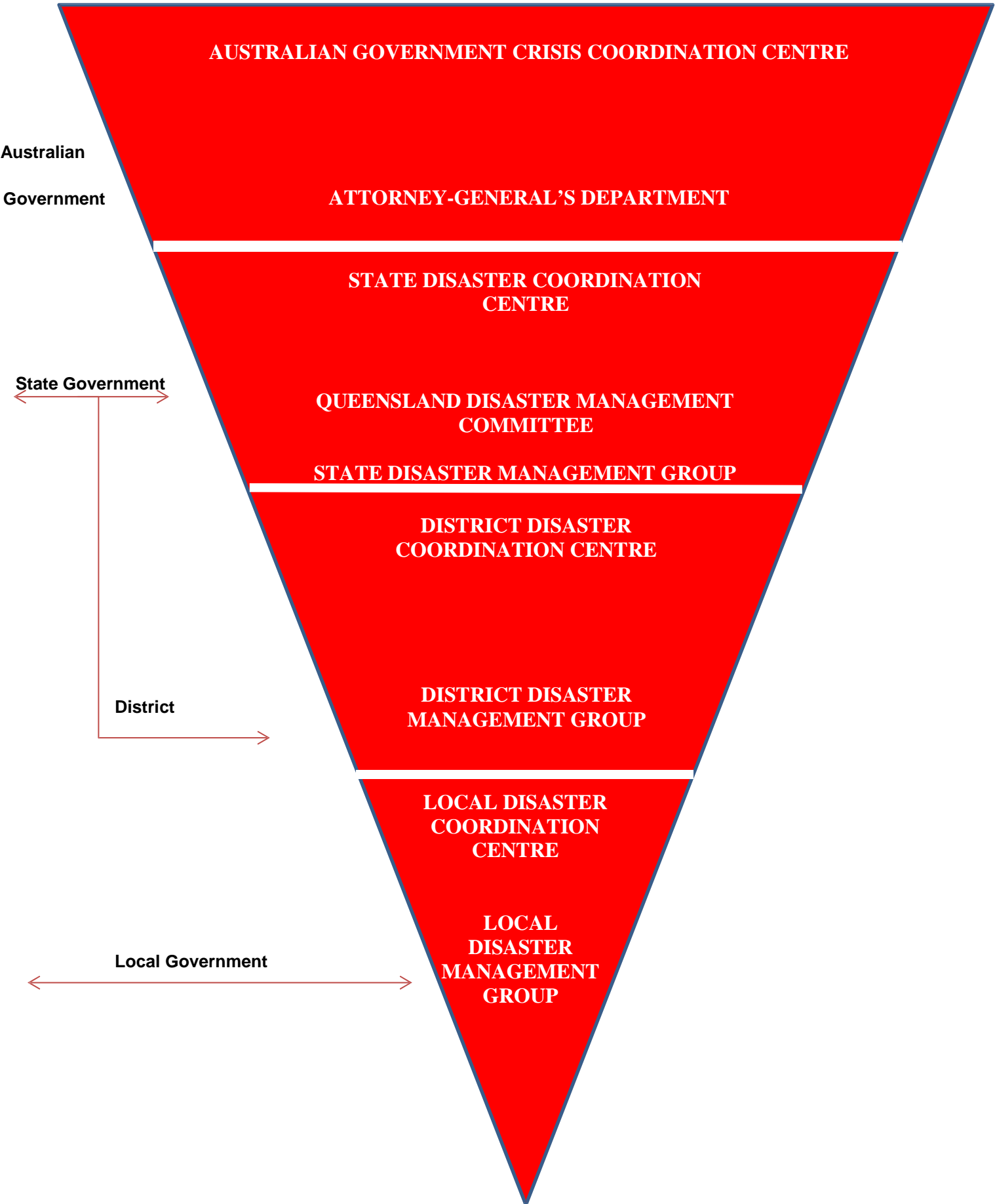
Figure 1: The Queensland Disaster Management Arrangements

Coordination groups or committees support each level of the QDMA. They meet to prepare for and practice their role within the QDMA and when activated manage and coordinate responses to disasters. As per the *Disaster Management Act 2003,* part 2, Disaster management groups and committees, Subdivisions 2 and 3-Membership, Queensland Health representatives will attend and participate at the State, Local and District Disaster Management Groups.

The roles are described in Table 1.

The State level also includes the Queensland Disaster Management Committee (QDMC), which makes strategic decisions about prevention, preparedness, response and recovery for disaster events. This is chaired by the Premier with a clear and formal line of communication and decision-making between the Premier, relevant Ministers and the allocated State Disaster Coordinators.

A fourth level, the Australian Government is also included in the QDMA, recognising that Queensland may need to seek Australian Government support in times of disaster.

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

	Local	District	State
Main role	To manage events in their local government areas.	Whole-of-government planning and coordination to support local governments at a district level.	Strategic direction and State level decisions that ensure whole of government coordination.
Boundaries	Local government (77)	Queensland Police Service (QPS) (15)	State (1)
Strategic Group	Local Disaster Management Group (LDMG)	District Disaster Management Group (DDMG)	Qld Disaster Management Committee (QDMC) State Disaster Coordination Group (SDCG)
Chair Strategic Group	Local Councillor	Senior QPS Officer	Chief Executive of the Department of Premier and Cabinet (DPC) Executive Officer is appointed by the Commissioner of QPS.
Operational Facility	Local Disaster Coordination Centre (LDCC)	District Disaster Coordination Centre (DDCC)	State Disaster Coordination Centre (SDCC)
Operational Lead	Local Disaster Coordinator (LDC)	District Disaster Coordinator (DDC)	State Disaster Coordinator (SDC)
Operational Group	Role usually filled by LDMG	Role usually filled by DDMG	State Disaster Coordination Group (SDCG) QPS and QFES jointly chair the SDCG.
Role of Operational Facility / Committee	Operationalize LDMG and LDC decisions Coordinate local resources, information Pass information and requests to the DDCC	Action decisions of the DDC and DDMG Coordinate Government resources in support of local government Collect and disseminate information between LDCC and SDCC	Coordination of a State level whole-of-government operational response capability during disaster operations.

Table 1: Description of groups and committees within QDMA

1.5. Queensland Health structure and representation in QDMA

Queensland Health structure

Queensland Health is composed of the Department of Health, 16 Hospital and Health Services and the Queensland Ambulance Ser ice. This is shown in Figure 2.
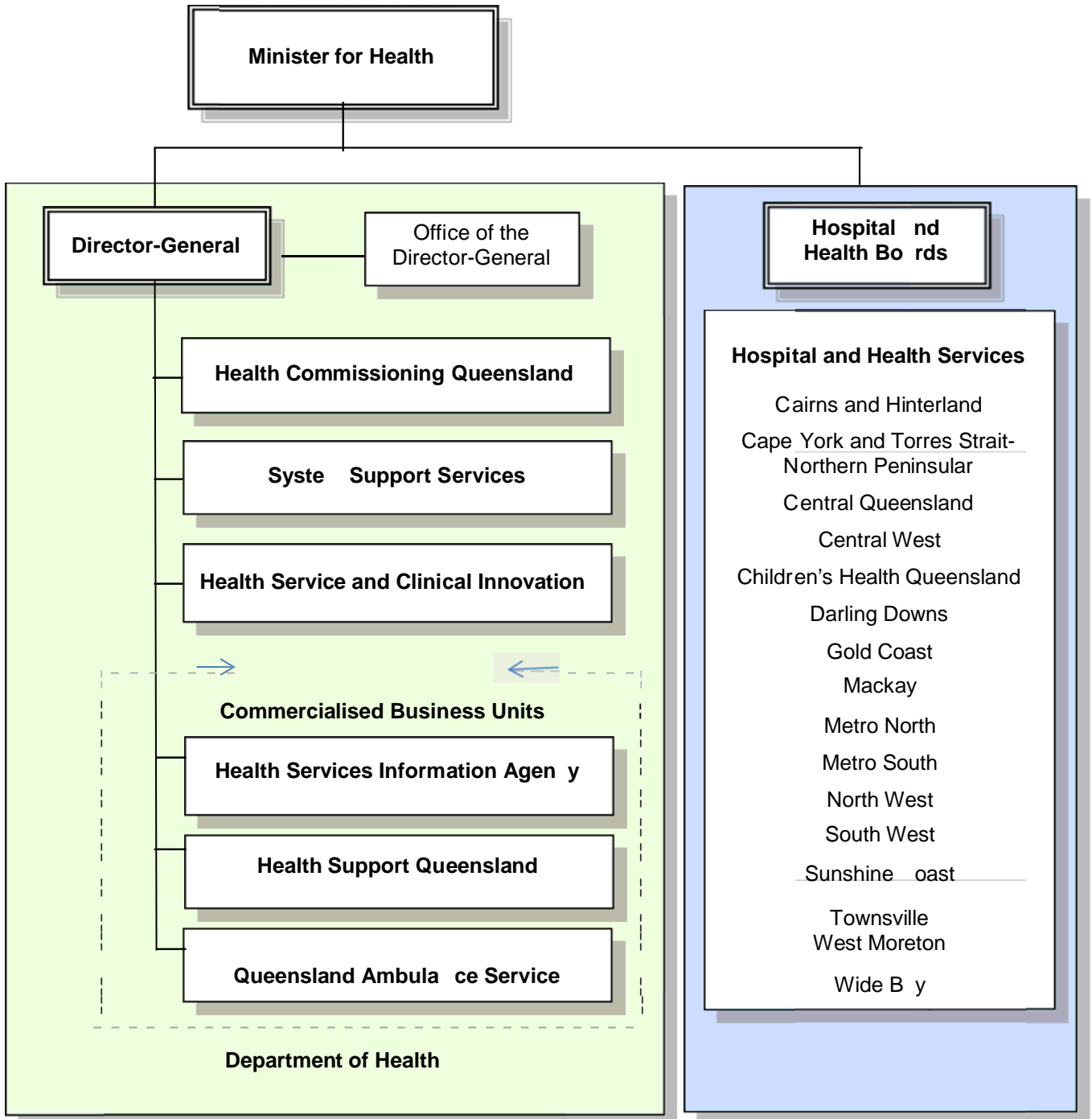

Figure 2: Queensland Health Organisational Chart

Consistent with this:

- HHSs are responsible for managing events in their local areas.
- DoH coordinates appropriate resources and sup ort to help HHS.

Queensland Health representation in the different levels of the QDMA is generally provided by:

- Individual hospitals or health facilities at LDMG/LDCC to support the local response.
- HHSs at DDMG/DDCC to help coordinate, support across the district and liaise between effected local facilities and state level support.
- Department of Health to provide strategic direction and coordinated support for health response, reporting and situational awareness of all aspects and health input to the state.

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

Just as there may be multiple local governments and disaster districts affected and multiple LDMG and DDMG that are activated, there may be multiple health facilities and HHS that are affected and activated. Similarly there may be multiple sites each requiring a Site Commander (QPS Officer) with QAS Commander and Health Commander as needed.

Figure 3 describes these arrangements and how Queensland Health participates in the QDMA and provides national representation.
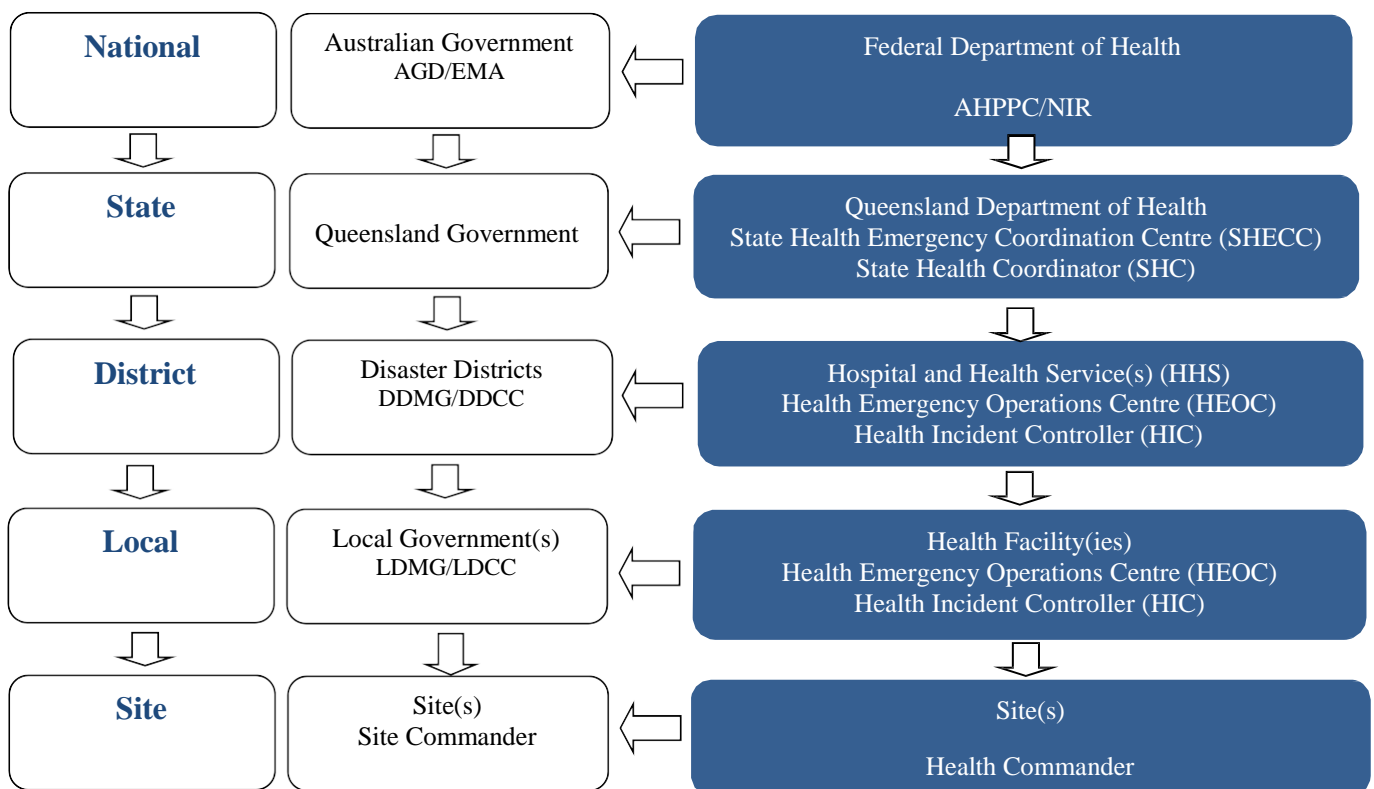
Figure 3: Queensland Health participation in the Queensland disaster management arrangements.
QAS arrangements likewise are in place. Refer to QAS for operational and strategic representation.

HHS and Disaster District boundaries
Of note the boundaries of the Disaster Districts do not match exactly with those for HHS or Local Ambulance Service Networks (LASN) and variation may occur as a result of this (Figures 4 and 5).

Hospital and Health Services, Queensland Health by Recognised Public Hospitals and Primary Health Centres
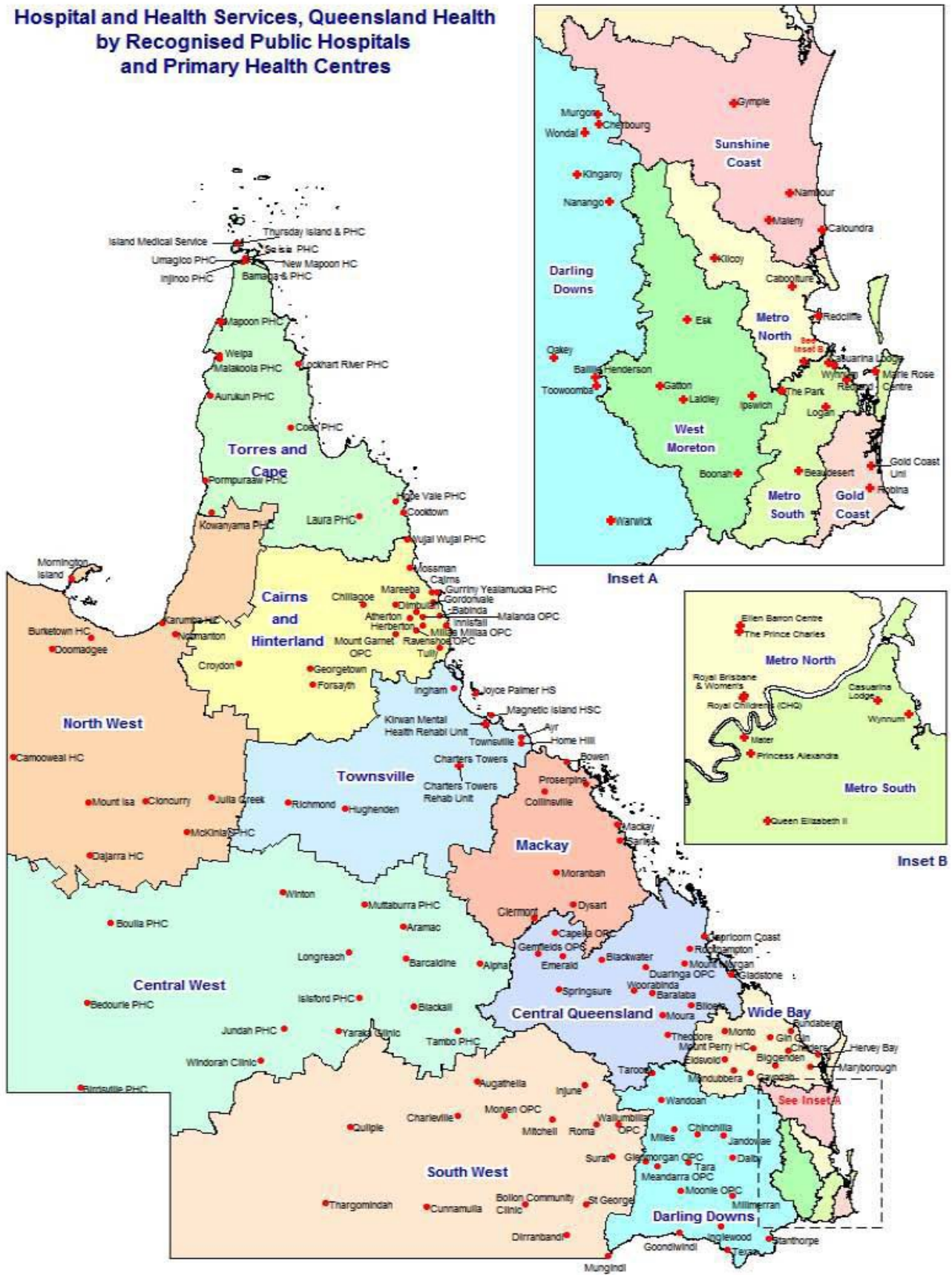
Prepared by: Statistical Reporting and Coordination, Health Statistics Branch, 28 July 2014
Hospital and Health Services by recognised public hospitals and primary health centres as at 1 July 2014

Figure 5: HHS Boundaries

The private sector and Queensland Health

The private sector plays a key role before, during and after a disaster, as an additional resource to meet demand, assisting vulnerable community member to prepare for events, volunteer management and recovery support. This includes:

- private hospitals
- private medical practitioners (both general practitioners and specialists)
- pharmacists, allied health, dentists and other health practitioners
- nursing homes
- community nursing, home care providers and a variety of non-government organisations
- aged care residential facilities.

They are all encouraged to recognise the role they play in supporting the community and prepare plans that will assist them to either maintain a continuity of service during events, or re-establish services following a disaster to support the community through the recovery phase. Their role should be recognised through all levels of health planning.

1.6. Queensland Health plans and hierarchy of plans

Some disaster situations require special consideration and specific approaches. These should still be consistent with the principles and incident management practices of the plan. These situations have previously been addressed through separate sub-plans but will now be included as an Annex of the plan to promote better integration of Queensland Health disaster arrangements.

Depending on the disaster situation, the Plan may be activated with multiple annexures active at the same time. For example, the pandemic, mass casualty and blood annexures may be activated in response to major disease outbreak. An Annex cannot be activated without activation of the Plan.

The hierarchy of plans (Figure 6) is consistent with the QDMA and consists of national, state, district and local plans aligning with, and consistent with, whole of government planning arrangements.
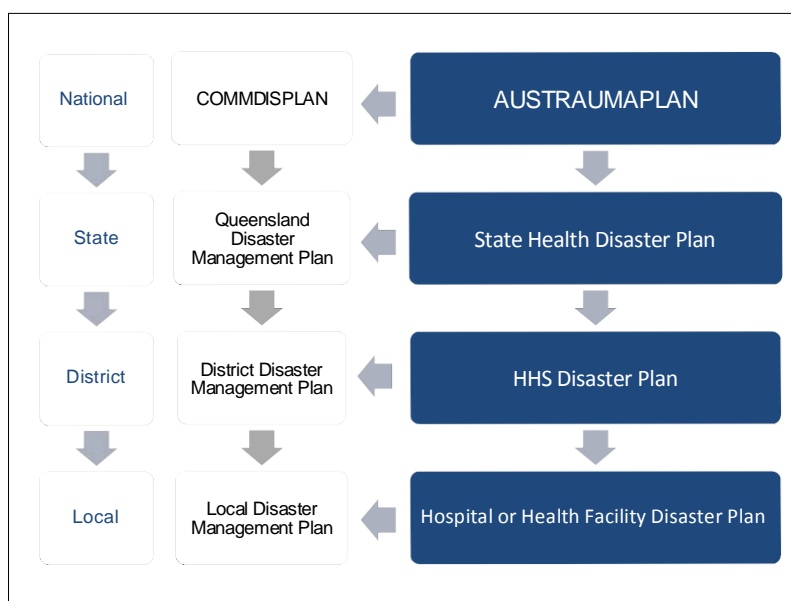

Figure 6 Hierarchy of plans

Part II: Prevention and preparedness phase

2.1. Preparedness

Disaster preparedness is critical in assisting to minimise the consequences of an event on a community or organisation and ensuring effective and timely operational response and recovery.

Preparedness activities include community education and engagement, planning and arrangements, training and education, and exercises. Every part of the health system is responsible for undertaking business continuity planning that considers disruption due to a disaster.

Table 2 describes responsibilities for prevention and preparedness for the DoH and HHSs.

Responsibility	Department of Health Consistent with the *State Disaster Management Plan*	Hospital and Health Service Consistent with the *State Disaster Management Plan*
Plans	Maintain the currency of relevant disaster management and state plans	Maintain a HHS specific disaster management plan
Representation	Provide membership to State Government disaster management committees and groups	Provide membership to local and district disaster management groups
Reports	Contributing to the State Disaster Coordination Group's annual reports	Report disaster response activity and exercises following activation for a local incident, as requested.
Exercises	Participate in state-based disaster management exercises	Test the local disaster management plan at regular intervals and review the HHS disaster management plan to ensure currency
Training	Ensure staff responsible for performing disaster management duties in relation to a health event response have training to fulfil those duties.	Ensure staff responsible for performing disaster management duties in relation to a health event response have training to fulfil those duties.
State wide response	Coordinate state wide response	Participate as needed in state-wide disaster responses at the request of the State Health Coordinator

Table 2: Queensland Health responsibilities in disaster preparedness

The Act provides the legislative requirement for those involved in disaster management to be appropriately trained.

Planning for emergencies in health care facilities

Australian Standard 4083-2010, Planning for emergencies – Health care facilities, assists the HHS's to plan effectively for internal and external emergencies. Standards are provided across seven emergencies:

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

Australian Standard 4083-2010-Planning for Emergencies in Health Care Facilities.pdf

Part III: Response and recovery phases

3.1. Response phase

The response phase of disaster management involves the conduct of activities and appropriate measures necessary to respond to an event. Response activities will often involve a number of functions simultaneously.

Triggers to activate the plan

Triggers to activate this plan include:

- Operational capacity - where a health event is beyond the capacity of the existing and available health resources and an escalated level of response is required.
- Legislative - where activation of a response to a potential or actual health event is required under legislation such as a declared public health emergency by the Minister for Health.
- Special consequence - any health event that may have other ramifications of a broader nature to the community such as a heatwave or radiological incident.

Authority to trigger the plan

This plan can be triggered by the Director-General or, as delegated, to the Chief Health Officer (CHO) in the role of the State Health Coordinator. Annexures are part of the *Queensland Health disaster plan* and are not activated in isolation of the plan.

Activation phases

The QDMA are activated at all levels using a four-phase model from alert through to stand up and stand down (Figure 7). The movement of disaster management groups through these phases is not necessarily sequential. It is based on flexibility and adaptability to the location and event.

Level of Activation	Definition
Alert	A heightened level of vigilance and preparedness due to the possibility of an event in the area of responsibility. Some action may be required and the situation should be monitored by staff capable of assessing and preparing for the potential threat.
Lean forward	An operational state prior to 'stand up' characterised by a heightened level of situational awareness of a disaster event (either current or impending) and a state of operational readiness. Disaster coordination centres are on stand-by; prepared but not activated.
Stand up	The operational state following 'Lean Forward' whereby resources are mobilised, personnel are activated and operational activities commenced. Disaster coordination centres are activated.
Stand down	Transition from responding to an event back to normal core business and/or recovery operations. There is no longer a requirement to respond to the event and the threat is no longer present.

Figure 7: Activation phases

Queensland Health command, control and coordination arrangements

Queensland Health is prepared to respond in a coordinated and integrated manner that optimises a state-wide response. This coordinated response follows the principles of incident management command, control and coordination, consistent with state arrangements. The Incident Management System (IMS) framework is a flexible, scalable structure that promotes this.

An accountable person will be appointed to lead or coordinate the response.

- At state level this is the State Health Coordinator (SHC) and is the DG or CHO (as delegated).
- At HHS level this is the HHS CE (or delegate).

The SHC or HHS CE (or delegate) to support them in their role, may activate an Incident Management Team (IMT).

- This is the management structure of the IMS and consists of a number of functions.
- The IMT is a flexible structure that is scaled up or down according to the size of the health event. Initially the HIC or SHC may perform some or all of these functions. As the incident escalates, the HIC or SHC may delegate any or all of the functions to IMT members.
- The SHC and the HHS CE (or delegate) may coordinate the operations centre.

The SHC may activate the State Health Coordination Centre (SHECC) for a state response. The HHS CE (or delegate) may activate a Health Emergency Operations Centre (HEOC) for a district or local response.

The location of these facilities should be pre-determined and contain the infrastructure (equipment and resources) necessary to support the response, even in a prolonged situation.

The following table shows the arrangements for IMT members. These should ensure the provisions for the facilities and resourcing is sustained over a prolonged event. Action Cards should support the positions when the relevant Queensland State Disaster Management Plan or HHS Disaster Management Plan is activated.

SHECC IMT Structure	HHS IMT Structure
Director-General (DG) Queensland Health Is responsible for the overall management and control of the health response to events at state level.	**HHS CE** Is responsible for the overall management and control of the health response to events at HHS level. Is the (or delegate) senior QH person controlling the operational health response to the event and should have the executive capacity, authority and experience to make decisions relevant to delivering this.
State Health Coordinator (SHC) **Delegated to the CHO** Manages the organisation and deployment of resources to support the overall health response to a major incident or disaster at a state level.	Delegate if appropriate
Executive Officer (XO) Coordinates and supervises operational aspects of the health response to a major incident or disaster.	
Planning Officer Plans for and manages identified health incident response needs and objectives with available resources. This role becomes increasingly important during a prolonged response and recovery.	
Operations Officer Ensures efficient allocation and management of health incident response tasks to the IMT through liaison with the Planning Officer and in accordance with any plans. They provide operations liaison within health services and external response agencies and advise the SHC/HIC on effective response arrangements.	
Logistics Officer Coordinates the procurement, distribution, maintenance, and replacement of resources and personnel during the health incident response.	
Administration / Finance Officer Provides high-level policy and business advice and administrative assistance, including financial data capture, as required during the health incident response.	
Communications and Media Officer Develops and monitors the communications strategies, plans and protocols applicable to the health response.	
Logger Manages the flow of all information in and out of the EOC during health incident response.	

Table 3: IMT roles and descriptions

3.2. Recovery phase

Disaster recovery is the coordinated process of supporting affected communities in the reconstruction of the physical infrastructure (building and roads and transport), restoration of the economy and the environment, and support designated for the emotional, social, and physical wellbeing of those affected and the community. The QDMC may also appoint a, or in severe and/or widespread events, multiple State Recovery Coordinators (SRC) to be responsible for the coordination of State disaster recovery operations.

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

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

The focus throughout the recovery phase is to re-establish business-as-usual for Queensland Health to assist affected communities with public health, mental health and human/social recovery after an event.

Recovery Financial Arrangements

Queensland Government agencies are required to discharge financial management responsibilities in accordance with the Financial Accountability Act 2009 and Queensland Health financial management standards. Financial data and costs captured during the response and recovery process need to be reconciled and may be able to be claimed against relief and recovery arrangements. As a guide:

- Expenditure of funds by agencies is to be met in the first instance by the agency requesting / requiring the resources from their normal operating budgets.
- Not all expenditure incurred by agencies to provide effective disaster management services may be recoverable under existing disaster relief and recovery financial arrangements.
- The Queensland Reconstruction Authority (QRA) is responsible for the processing of Natural Disaster Relief and Recovery Arrangements (NDRRA) submissions and providing advice on claim eligibility.

Operational Debriefing

Recovery helps to bring closure to an event and includes debriefing of personnel involved to ensure learning can be captured and processes refined to improve the health response to disaster events.

- The formalised debrief process must be undertaken in a manner that recognises positive outcomes as well as identifying any lessons learned.
- The outcome of all debriefs and post-incident assessments should be published and distributed appropriately.
- Where required, an initial operational debriefing to diffuse any urgent issues will be conducted following stand-down of the plan.
- The formal operational debrief will then be held as soon as possible following the return to normal operations.
- The debrief report should be finalised when it has been possible to incorporate an assessment of the health outcomes for casualties and incident impacted persons.

Where the *Queensland Health Disaster Plan*, has been activated at state level, the SHC will coordinate debrief of all participating staff and agencies within a reasonable timeframe following the stand down of the emergency response.

Where the plans have been activated at HHS level, it is the responsibility of the relevant HHS CE to ensure a timely debriefing of all involved agencies. The HHS CE will forward a report to the CHO.

Australian Medical Assistance Team (AUSMAT)

Roles will vary and the Disaster Management Plan is not required to be activated to facilitate the deployment of staff in overseas or national deployments.

These arrangements are undertaken at a national level lead by AHPPC and coordinated by Australian States and Territories, through the CHO.

3.3. Queensland Health Framework

Queensland Health's disaster management framework demonstrates alignment to the guiding principles and objectives of the State Disaster Management Plan, and the *State Disaster Management Act 2003.*

The framework applies to the Department of Health (DOH), all Hospital and Health Services (HHSs) and the Queensland Ambulance Service (QAS).

Aim

The aim of the framework is to ensure:

- Queensland Health maintains a Disaster Management Plan that is tested and reviewed annually.
- Queensland Health responds to requests and abides by directions from the State Health Coordinator (SHC), coordinated by the State Health Emergency Coordination Centre (SHECC) after a disaster response is activated by the State Health Coordinator.

Principles

In accordance with the *State Disaster Management Act 2003,* part 1, section 4A-Guiding principles, disaster management should be planned across four phases:

- Taking preventative measures to reduce the likelihood of an event or reduction in the severity of an event,
- Taking preparatory measures to ensure communities, resources and services are able to cope with the effects of an event.
- Taking appropriate measures to respond to an event.
- Taking appropriate measures to recover from an event

All events whether natural or caused by human acts or omissions should be managed in accordance with the State Strategic Policy Framework, the State Disaster Management Plan, and the *State Disaster Management Act 2003*.

HHSs are responsible for managing health service related aspects of events within their service area.

The DoH, HHSs and QAS will work proactively with relevant stakeholders and external organisations including Medicare Local, and private health service providers as well as the Local and District Disaster Management Groups.

Disaster Management operations should be coordinated and integrated with the Department and other HHSs providing appropriate support and resources as available to support the affected area.

Queensland Health is responsible for the following measures and key elements.

Measures

- Integrate emergency and disaster management arrangements across the community including, public and private health sectors and, in conjunction with the LDMG, DDMG, the Department of Health and statewide services.
- Maintain an adequately trained workforce to respond and coordinate assets and resources as needed.
- Respond in an appropriate, flexible manner to any incident within a Hospital and Health Service, between Hospital and Health Services and across the State and escalate response as required.
- Manage the local response through a disaster management framework.
- Continue provision of essential health services during an incident as far as can safely be provided.
- Maintain records of response activities following activations of emergency preparedness and continuity management arrangements and major exercises.

Key Elements

- Maintain a Queensland Health and HHS specific disaster management plan.
- Test the local disaster management plan at regular intervals and review the plan if, or as necessary to ensure currency.
- Provide membership to Local and District Disaster Management Groups (LDMG and DDMG) (Part 2, sub division 2, section 24, paragraph e - Disaster Management Act 2003.)
- Participate as needed in statewide disaster responses.
- Report disaster response activity and exercises following activation for a local incident as requested.

These arrangements are consistent with the requirements of the:

- *Queensland Disaster Management Act 2003*
  https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/D/DisastManA03.pdf
- *Disaster Management and Other Legislation Amendment Act 2010*
  https://www.legislation.qld.gov.au/LEGISLTN/ACTS/2010/10AC040.pdf
- *Queensland State Disaster Management Plan* .
  http://www.disaster.qld.gov.au/Disaster-Resources/Documents/State-Disaster-Management-Plan_WEB.pdf

Definitions

Term	Definition
Alert	Recognition that resources are required to enable an increased level of preparedness.
Command	Command is the internal direction of the members and resources of an agency in the performance of the organisation's roles and tasks, by agreement and in accordance with relevant legislation. Command operates vertically within an organisation.
Control	Control is the overall direction of emergency management activities in an emergency situation. Authority to control is established in legislation and may be included in an emergency plan. It carries with it the responsibility for assigning tasks to other organisations in accordance with the needs of the situation. In Queensland Health, control relates to the declared emergency situation and operates horizontally across districts.
Coordination	Coordination is the bringing together of organisations and other resources to support an emergency management response. It involves the systematic acquisition and application of resources (organisational, human and equipment) in an emergency. Note: Coordination does recognise different operational imperatives, cultures, expertise, capabilities and legislative responses among the organisations involved in an emergency. The emergency plan (and any relevant legislation) will define which organisation is the controlling agency. The organisation will determine how the incident controller is appointed. Pre-incident management planning will take these considerations into account.
Community recovery	Refers to the co-coordinated process of supporting disaster affected individuals, families and communities towards the restoration of emotional, social, economic and physical wellbeing following a disaster. Services delivered typically include provision of information, payment of financial assistance, and provision of personal and psychological support.
Disaster	A disaster is a serious disruption in a community, caused by the impact of an event that requires a significant coordinated response by the state and other entities to help the community recover from the disruption. Serious disruption means: • loss of human life, or illness or injury to humans • widespread or severe property loss or damage • widespread or severe damage to the environment (*Disaster Management Act 2003*).
Disaster district	Part of the State prescribed under a regulation as a disaster district.
Disaster operations	Activities undertaken before, during or after an event happens to help reduce loss of human life, illness or injury to humans, property loss or damage, or damage to the environment, including, for example, activities to mitigate the adverse effects of an event.
Disaster management	Disaster management means arrangements for managing the potential adverse effects of an event, including—for example, arrangements for mitigating, preventing, preparing for, responding to and recovering from a disaster (*Disaster Management Act 2003*).
Event	An event means any of the following: • a cyclone, earthquake, flood, storm tide, tornado, tsunami, volcanic eruption or other natural happening • an explosion or fire; a chemical, fuel or oil spill; or gas leak • an infestation, plague or epidemic • a failure of, or disruption to, an essential service or infrastructure

Term	Definition
	• an attack against the state. An event may be natural or caused by human acts or omissions (*Disaster Management Act 2003*).
Hazard	A source of potential harm, or a situation with a potential to cause loss. (Emergency Management Australia, 2004).
Health event	An event arising from natural and technological disasters that endangers or threatens to endanger the wellbeing of persons in Queensland and requires a significant and coordinated health response. This particularly applies to and includes: • biological hazards • chemical hazards • radiation hazards • significant disease outbreaks • food systems threats • drugs, poisons and therapeutic goods threats • acts of terrorism.
Health services	Any medical care, hospital services, public health support, environmental, community or allied health services relating to the maintenance, restoration or improvement of health in the community.
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.
Lead agency	The agency identified as primarily responsible for planning and coordinating the response to a particular emergency.
Mitigation	Measures taken in advance of an event aimed at decreasing or eliminating its impacts on the community or the environment.
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 is available to inform the debrief.
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 disaster.
Prevention	The identification of hazards, the assessment of threats to life and property and the taking of measures to reduce or eliminate potential loss of life or damage to property whilst protecting economic development.
Recovery	The process of returning an affected community to its appropriate level of functioning following a disaster situation.
Relief	The provision of immediate shelter, life support and human needs of persons affected by, or responding to, an emergency.
Response	The process of combating a disaster and providing immediate relief for persons affected by the situation.
Situation report (Sitrep)	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.
Supporting agency	An agency, service, organisation or authority providing assistance to the controlling authority.

Abbreviations

AC	Ambulance Commander
AGD	Attorney General's Department
AHPPC	Australian Health Protection Principal Committee
AMTCG	Australian Medical Transport Coordination Group
AUSMAT	Australian Medical Assistance Team
CBR	Chemical, Biological and Radiological
CCC	Crisis Coordination Centre
CE	Chief Executive
CHO	Chief Health Officer
DDC	District Disaster Coordinator
DDCC	District Disaster Coordination Centre
DDMG	District Disaster Management Group
DFAT	Department of Foreign Affairs and Trade
DG	Director-General
DMCC	Disaster Management Cabinet Committee
DoH	Department of Health
ED	Emergency Department
EMA	Emergency Management Australia
HC	Health Commander
HCQ	Health Commissioning Queensland
HEOC	Health Emergency Operations Centre
HHSs	Hospital and Health Services
HIC	Health Incident Controller
HSCI	Health Services and Clinical Innovation
HSIA	Health Services Information Agency
HSQ	Health Support Queensland
IMS	Incident Management System
IMT	Incident Management Team
LASN	Local Ambulance Service Network
LDC	Local Disaster Coordinator
LDCC	Local Disaster Coordination Centre
LDMG	Local Disaster Management Group
NDRRA	National Disaster Relief and Recovery Arrangements
NGOs	Non-Government Organisations
NIR	National Incident Room
ODG	Office of the Director-General
QAS	Queensland Ambulance Service

QCC	Queensland Emergency Medical System Coordination Centre
QDMA	Queensland Disaster Management Arrangements
QDMC	Queensland Disaster Management Committee
QFES	Queensland Fire and Emergency Services
QPS	Queensland Police Service
RFA	Requests For Assistance
RSQ	Retrieval Services Queensland
SDC	State Disaster Coordinator
SDCC	State Disaster Coordination Centre
SDCG	State Disaster Coordination Group
SHECC	State Health Emergency Coordination Centre
SHC	State Health Coordinator
SITREP	Situation Report
SMC	Senior Medical Coordinator
SSS	System Support Services
XO	Executive Officer