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| Health services emergency management policy |
| November 2021 Version 1.0 |
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# Introduction

## Purpose

The Health services emergency management policy sets the direction for health services to have arrangements in place to minimise health effects and service disruption to communities from health emergencies and emergencies with health impacts.

With the recent separation of the former Department of Health and Human Services, this policy replaces the *Health and Human Services Sector Emergency Preparedness Policy 2019.* It maintains the former policy’s principal emergency management responsibilities for health services and expands on practical guidance to assist you to develop and maintain capabilities to support communities in an emergency.

## Context

All emergencies can have an impact on health services, not only by the direct effects of emergencies such as injuries and the exacerbation of existing medical conditions, but also by disrupting the community’s access to health services or the capability of the health service to deliver services.

The frequency and changing risk profile of emergencies continues to reinforce the importance of emergency preparedness and planning across Victoria.

Types of emergencies with major health consequences include:

* floods, storms and bushfires
* industrial fires
* explosions and accidents
* extreme heat and heatwaves
* viral epidemics and pandemics
* contamination of food or water supply
* epidemic thunderstorm asthma,
* cybersecurity threats, and
* disruption to essential services such as electricity, gas and telecommunications networks.

Planning for emergencies helps to ensure that disruption to the services that underpin good health is minimised and the sense of wellbeing in communities is maintained or rapidly restored.

#### Intended outcomes

It is expected that health services be well prepared for emergencies and can implement a response in the event of an emergency that is appropriate to the needs of their communities.

The policy aims to support:

* emergency preparedness obligations of health services
* access to resources and information to help prepare for emergencies.

## Audience and scope

This policy applies to services covered by the *Health Services Act 1988*, including metropolitan Melbourne hospitals and health services, rural hospitals and health services and Community Health Services[[1]](#footnote-2).

## Commencement and review

The policy is effective as of 1 November 2021 and remains in place until notification of its replacement or repeal.

# Responsibilities

## Department of Health

### Emergency management

The *Emergency Management Act 1986*, *Emergency Management Act 2013* and *Public Health and Wellbeing Act 2008* form the Victorian Government’s empowering legislation for the management of emergencies in Victoria.

Victoria’s *State Emergency Management Plan* (SEMP) contains requirements for the emergency management sector.

The SEMP describes the Department of Health’s (department) responsibilities as:

* Working closely with the health sector to plan and prepare for emergencies that may impact service delivery, including mass casualties.
* Leading the response to major public health emergencies and supporting the response to other major emergencies that are impacting people’s health or the health system.
* Working across the health sector during major emergencies; coordinating state and regional health system response; and maintaining community access to primary and acute health services.
* Supporting Ambulance Victoria to provide relief health and medical assistance and first aid.
* Coordinating the deployment of qualified Victorian health professionals and medical teams interstate or internationally.
* Following emergencies, the department provides public health advice to the community, councils and other agencies on topics like safe drinking water, food safety, and disease outbreaks

More information about the SEMP can be found at: <https://www.emv.vic.gov.au/responsibilities/semp>

* + 1. System manager

The department is the system manager of the Victorian health care system. It advises government on health strategy, policy, planning, funding allocation and performance oversight of health services.

The department carries out its oversight role of health services in accordance with the *Victorian health services Performance Monitoring Framework*. The framework promotes transparency and shared accountability for performance. It outlines how the department, as the system manager, takes a risk-based approach to overseeing health service performance. The framework is designed to assess the level of performance risk posed to each health service in relation to its delivery of safe, high quality, accessible and sustainable health care for Victorian patients and communities.

The framework allows the department to assess the level of performance risk, and determine the level of monitoring, support and intervention required to ensure that action is taken to address performance concerns and support ongoing improvement. More advanced support is provided to those services with greater risks to the safety, accessibility or sustainability of their service.

More information about the framework is available at <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/performance>

## Health services

Health services are responsible for relevant contractual, legal, and regulatory obligations.

The *Health Services Act 1988*, *Public Administration Act 2004* and the *Financial Management Act 1994* require public health services to have effective and accountable risk management systems and strategies in place. Health service management and boards are responsible for their organisation’s governance, risk management and control processes.

Robust emergency and service continuity planning supports health services to mitigate operational risks relating to the delivery of core business that could include clinical care, workforce, information systems and service model.

The *Health services emergency management policy* ispart of a suite of documents to support health services to meet their obligations in preparing and responding to emergency events.

### Health Service Partnership policy and guidelines

Health Service Partnerships were established on 1 July 2021, as an enduring element of the Victorian health system. Three Health Service Partnerships cover metropolitan Melbourne with five across rural and regional Victoria. Two important principles held by Health Service Partnerships that relate specifically to emergency management are:

* **Support and solidarity** - Health Service Partnership members look for strategic opportunities to jointly work together to achieve consistency and reduce duplication of effort and resources on an ongoing basis, and to come to each other’s aid in an emergency – offering, asking for, providing and receiving support in turn.
* **Rapid response** - Health Service Partnerships respond rapidly to emerging issues by enabling efficient, consistent and representative engagement and decision-making in an emergency and on an ongoing basis.

More information about Health Service Partnerships can be found at: <https://www.2.health.vic.gov.au/hospitals-and-health-services/health-service-partnerships>

### Australian Standard (AS) 4083-2010: Planning for Emergencies — Health care facilities

*AS 4083-2010: Planning for Emergencies – Health care facilities* specifies the procedures for health care facilities in the planning for, and responses to, internal and external emergencies. It also specifies response colour codes for use in a specific emergency. It also coincides with Australia’s *Workplace Health and Safety Act (2011).*

Code Brown is the nationally recognised code used by health services and facilities to plan, prepare, respond and recover from an external emergency. A guidance note to assist health services and facilities to prepare Code Brown plans by providing information to clarify the purpose of Code Brown plans, and highlighting some key steps to take before, during and after an external emergency is available at:  [https://www.2.health.vic.gov.au/about/publications/policiesandguidelines/code-brown-planning-guidance-note-for-health-services-and-facilities](https://www2.health.vic.gov.au/about/publications/policiesandguidelines/code-brown-planning-guidance-note-for-health-services-and-facilities)

### Australian/New Zealand Standard (AS/NZS) Electrical installations—Emergency power supplies in hospitals

*AS/NZS Electrical installations—Emergency power supplies in hospitals* provides guidance for asset management so that in the event of interruption to normal electrical supply, emergency lighting and power will be restored to those circuits deemed to be essential to ensure that effective and safe care of patients can be maintained.

### National Safety and Quality Health Service (NSQHS) Standards

The *National Safety and Quality Health Service (NSQHS) Standards* *- Clinical Governance Standard - Safe environment for the delivery of care* recommends health services develop a comprehensive maintenance plan that includes records of dates when equipment is regularly tested to ensure its readiness, including information relating to generators and battery backup.

## Shared responsibility - State Health Emergency Response Plan (SHERP)

The [*State Health Emergency Response Plan*](https://www.health.vic.gov.au/emergencies/state-health-emergency-response-arrangements) provides an overview of the arrangements for managing health emergencies in Victoria through an integrated approach between the department, emergency management sector, health system and the community.

All organisations with roles or responsibilities under the plan must ensure they are adequately and appropriately prepared to respond to health emergencies and emergencies with health impacts.

As part of the plan, the department will issue a state-wide ‘first wave’ notification to the health sector for any incident that may present a substantial risk to the health and wellbeing of Victorian communities. Health services are required to have:

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

More information about the SHERP available at: <https://www.health.vic.gov.au/emergencies/state-health-emergency-response-arrangements>

# Planning for emergencies

## Guiding principles

The following guiding principles should be applied when developing or updating emergency plans:

**Shared responsibility** - increasing resilience to emergencies is the collective responsibility of all levels of government, business, the non-government sector and individuals.

**Risk management approach** - a consistent and comprehensive risk management approach aids effective decision making, facilitates appropriate resource allocation and allows for a proactive approach towards emergency management.

**All hazards approach** - assumes the functions and activities applicable to one hazard are often applicable to a range of hazards. The all hazards approach increases efficiency by recognising and integrating common emergency management elements across all hazard types.

**All agencies approach** –recognises coordination and cooperation between the three levels of government and across agencies and departments that is required in managing health risks and protecting community wellbeing during and after emergencies.

**Integrated information management** - systems must be flexible, multifaceted and dynamic to provide information that will allow members of the public to make informed decisions to ensure their safety. ​​

**Defined roles & responsibilities** - coherent actions rely on well-defined and appropriate roles, responsibilities, authorities and knowledge of the capacities of emergency management partners.

**Community Engagement** - effective and timely communication with the community is a critical and continuous process before, during and after an emergency.

**Continuous improvement** – should be undertaken systematically as an integral part of emergency management measures and practices to improve outcomes.

## Planning process

Depending on the size of the health service, emergency management planning could be led at the board, committee or program level. Emergency management planning should include:

* Identifying responsibilities – sometimes determined by legislation, government direction or an inter-agency agreement
* Identifying emergency risks and ensuring that mitigation strategies are in place to manage all major risks. National Emergency Risk Assessment Guidelines provides a contextualised, emergency-related risk assessment method consistent with the Australian Standard AS/NZS ISO 31000:2018 Risk management – principles and guidelines. <https://www.aidr.org.au/media/7600/aidr_handbookcollection_nerag_2020-02-05_v10.pdf>
* Identifying surge arrangements, resources and equipment needed to respond to an emergency – including availability and shortfalls.
* Ensuring that the training and skill mix of available personnel is sufficient to meet the needs of health emergencies. Where health services need to source supporting staff from outside the service, formal arrangements should be in place to ensure the correct skills, training and orientation requirements are met.

In the health sector, the most commonly used system is Major Incident Medical Management and Support (MIMMS) found at www.[mimms.org.au](http://www.mimms.org.au). The Australasian Interservice Incident Management System (AIIMS) is the main incident management system used in the emergency services sector can be accessed at [www.afac.com.au/initiative/aiims](http://www.afac.com.au/initiative/aiims).

* Undertaking training exercises to build organisational capacity to respond to public health incidents and emergencies. Exercises are used to:
  + review, test or assess plans, processes, standards and equipment
  + evaluate and practice procedures, control and coordination arrangements
  + evaluate how teams and agencies collaborate and perform together
* Conducting a debrief activity following a significant response. The debrief should review the response to identify lessons learned. A plan should be developed to convert the lessons learned from the response or exercise into measurable steps that will result in improved response capabilities.
* Undertaking an annual review of the plan.

## Key planning considerations

### Declaration of a Code Red fire danger rating day

A Code Red fire danger rating is the highest level of fire danger in Victoria. It signifies that fires on these days are likely to be uncontrollable, unpredictable, fast moving, difficult to put out, and there is a high likelihood that people in the path of a fire will be killed or seriously injured and properties and infrastructure lost.

Health services are expected to have a Code Red day plan that can be activated on the day before a declared Code Red fire danger for the weather district they are located. Deciding an appropriate response for such an event should take into account the location of the service and the level and type of risks to the service.

Plans should consider a range of potential responses, including scaling up capabilities for an increase in injuries and the exacerbation of existing medical conditions, business continuity arrangements, temporary relocation or cessation of services and the capacity to temporarily accommodate relocated or evacuated patients from other services if needed.

### Service continuity

Maintaining service continuity in all types of emergencies is a core obligation of good governance. Emergency management plans should include critical service continuity arrangements in the event of an emergency.

Health services are dependent on infrastructure including power, water, gas, waste disposal, communications, transportation, logistics and supply chains. Rapid change generated by an emergency is challenging and should be dealt with proactively rather than reactively.

Particular attention should be given to activities, processes, resources, and dependencies that are essential for the health service to quickly adapt its operations to ensure it can achieve its purpose.

Such strategies and capabilities enable management to quickly focus on stabilising the situation and maintaining or resuming the most important functions while still working towards eventual restoration of routine operations and full achievement of objectives.

### Accommodating patients from other facilities or from the community

Emergency management planning should consider the service’s ability to temporarily accommodate relocated or evacuated patients or residents from other facilities or from the community. These requests will most likely come from the department through the *State Health Emergency Response Plan.*

### Service relocation and evacuation

Emergency management planning should consider temporary relocation and transport arrangements for patients and staff leading up to or during an emergency. In doing so, planning for the appropriate use of both ambulance services and non-emergency patient transport resources must be considered, particularly as ambulance services may be limited in the event of an emergency.

For some emergencies, such as bushfire, remaining in-place may be the safest option. However, the conditions under which such a strategy is appropriate should be the subject of a detailed risk-based assessment.

## Planning resources

**Health and Disaster Management handbook 2019**

The *Health and Disaster Management handbook 2019,* produced by the Australian Institute for Disaster Resilience (AIDR), is a comprehensive resource outlining the core principles and concepts to assist emergency planning and preparedness at all levels in the health system. Concepts such as risk, resilience, mitigation, preparedness, response and recovery are considered. The challenges of areas such as law, ethics, communications and inclusion are also considered.

More information available at <https://knowledge.aidr.org.au/resources/health-and-disaster-management-handbook/>

**Victorian Preparedness Framework**

The *Victorian Preparedness Framework* (Emergency Management Victoria, 2018) is a model that enables and supports the building of resilience. The framework can be used as a planning tool to assist in understanding the capabilities required through all stages of a major emergency. It provides a methodology to develop capability requirements or targets, and the critical tasks required to achieve the core capabilities of those targets.

The Victorian Preparedness Framework is available here: <https://www.emv.vic.gov.au/how-we-help/emergency-management-capability-in-victoria/victorian-preparedness-framework?#query>

# During and after an emergency

Health services are responsible for activating their emergency management plans immediately when they become aware of a risk or actual emergency. Do not wait for notification or advice from the department or emergency services.

Services need to continually monitor risks and warnings through local networks, as well as mainstream media, and maintain regular contact with local emergency service agencies, particularly during high-risk periods.

## Sources of emergency information

Information about current and forecast conditions is available from a variety of media sources, including radio, television, and the internet. Agencies such as the Bureau of Meteorology, the Victoria State Emergency Service, fire services and Victoria Police monitor forecast hazards and provide advice and warnings.

[VicEmergency](http://emergency.vic.gov.au) <emergency.vic.gov.au> is a single all-emergencies website for Victoria. It is Victoria’s primary website for incident information and warnings. VicEmergency displays a real-time map with incidents across Victoria including fires, floods, storms, power outages, hazardous material incidents and traffic incidents. The site also includes information from the Environment Protection Authority and the Chief Health Officer.

The VicEmergency app can be downloaded to mobile devices. The app allows users to create a location-based profile to access official emergency-related warnings and information.

The [Country Fire Authority (CFA) website](https://www.cfa.vic.gov.au/warnings-restrictions) at https://www.cfa.vic.gov.au/warnings-restrictions has up-to-date information on local fire danger ratings, total fire bans and Code Red Days.

The Australian Broadcasting Corporation (ABC) and other local media are also important sources of information during emergencies. They will broadcast emergency warnings and alerts relevant to local areas on a range of frequencies across Victoria. You can find your local emergency broadcasters at https://www.emv.vic.gov.au/responsibilities/victorias-warning-system/emergency-broadcasters/list.

## Two-way communication with the department

The department will issue a state-wide ‘first wave’ notification to the health service single point of contact for any incident that may present a substantial risk to the health and wellbeing of Victorian communities (refer to 2.3).

Health services are required to initiate contact with the department if an emergency is impacting services. Examples may be that services have been cut off by flood waters; emergency services have instructed a service to relocate or evacuate; or a service is experiencing prolonged power outages.

Ongoing communication between the department and health services to monitor the impact of an emergency and provide assistance where necessary is important until services return to usual.

Information for health services about when and how to contact the department if a major emergency is impacting the services is provided in **Appendix 1.**

# Appendix 1 - Contacting the Department of Health during an emergency

### When to contact the Department of Health emergency management team

* You should contact the Department of Health if a major emergency is impacting your health service. Examples may be that services have been cut off by flood waters; emergency services have instructed a service to relocate or evacuate; or a service is experiencing prolonged power outages.
* ***In an emergency that requires an immediate response from police, fire or ambulance call triple zero (000).***

### How to contact the Department of Health emergency management team

* During an emergency you can contact the Department of Health 24-hour, seven-days a week by calling 1300 790 733.
* Please ask the call operator to speak to the **Health - State Duty Officer**; and leave your name and phone number. The State Duty Officer will immediately return your call.
* If you are calling in relation to COVID-19 response please ask to speak with the COVID Duty Officer.
* You can also email [semc@health.vic.gov.au](mailto:semc@health.vic.gov.au).

**More information about the State Health Emergency Response Arrangements, the department’s responsibilities and information for the health sector is available on our** [**website**](https://www2.health.vic.gov.au/emergencies/shera) **at https://www2.health.vic.gov.au/emergencies/shera.**

1. <health.vic.gov.au/hospitals-and-health-services/public-hospitals-victoria [↑](#footnote-ref-2)