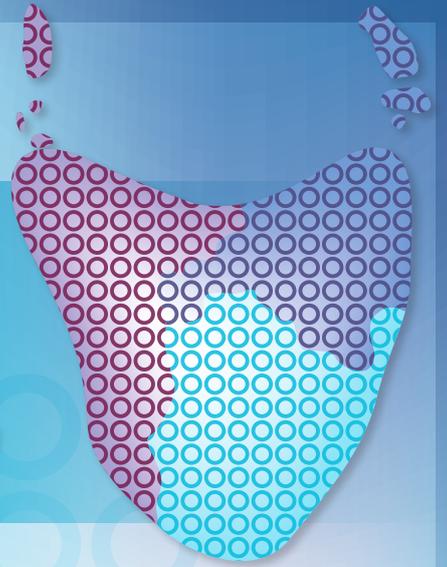


Plan for the Delivery of Integrated Emergency Management within the Department of Health and Human Services and Tasmanian Health Organisations





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Foreword

The Department of Health and Human Services (DHHS) and Tasmanian Health Organisations (THOs) are stakeholders in the Tasmanian emergency management sector and their emergency management capabilities are an integral component of Tasmanian emergency management arrangements.

The national health reforms saw the creation of the THOs and the DHHS reorganise itself in order to deliver more efficient and effective health and human services. As a result, the *Department of Health and Human Services Emergency Management Plan*, first released in June 2011, was reviewed and updated to better align with new service delivery frameworks and governance arrangements.

This joint plan is the lead document to describe the emergency management governance, planning, prevention, preparedness, response and recovery arrangements and roles and responsibilities performed and managed by the DHHS and THOs in accordance with relevant state and national emergency management policy and planning arrangements.

The intent of the plan is to ensure that the DHHS and THOs are best positioned to meet the health and human service needs of the Tasmanian community before, during and after an emergency in an integrated and sustainable manner and within the context of current and future service delivery frameworks and governance arrangements.

We commend this plan and promote its use across the Tasmanian Government health and human services system.



A handwritten signature in black ink, appearing to be 'M Daly'.

Matthew Daly
Secretary
Department of Health
and Human Services
4 October 2013



A handwritten signature in black ink, appearing to be 'G Houghton'.

Graeme Houghton
Chair
Tasmanian Health
Organisations
11 October 2013

Glossary of Terms



The table below lists main terms used throughout this plan.

Term	In the context of this plan this term means:
Ambulance Tasmania	Provides statewide pre-hospital emergency response, treatment and transport capability, including scene management and the coordination of road, fixed and rotary wing resources and aero-medical and retrieval services.
Australian Health Protection Principal Committee	The peak national health emergency management committee with the authority to plan, prepare and coordinate the national health response to significant incidents.
Australian Medical Assistance Team (AUSMAT)	A jurisdictionally maintained, nationally coordinated and approved, health assistance capability based on agreed structures, equipment and deployability requirements. An AUSMAT can consist of a mix of health professionals including, doctors, nurses, public and environmental health, allied health, paramedics and non-medical members such as fire-fighters and logisticians.
Business Continuity Management	A risk management process that identifies potential impacts that threaten an organisation and which provides a framework for building resilience and arrangements that enable the maintenance of critical business functions.
Capability	A function of human and physical resources, systems and processes, training and education, and the supply chain (e.g. trained personnel with the necessary equipment ready for deployment).
Command	The internal direction of an organisation's resources in an emergency.
Control	The overall direction and management of response and recovery operations for an emergency.
Coordination	The systematic acquisition and application of resources (personnel, equipment, goods and services) during emergency response / recovery activities. Coordination can operate vertically within an organisation (as a function of command), as well as horizontally across organisations (as a function of control).
Department of Health and Human Services (DHHS)	A Tasmanian Government Department that consists of a number of departmental groups and service groups, excluding the Tasmanian Health Organisations (THOs).
Department of Health and Human Services Incident Controller	A senior officer appointed to lead and coordinate the multi-agency response to an emergency when, in accordance with the Tasmanian Emergency Management Plan (TEMP), the DHHS is the Response Management Authority.
Director of Public Health (DPH)	A statutory appointment made in accordance with Section 6 of the <i>Public Health Act 1997</i> . The DPH also holds the position of Chief Health Officer.
Emergency	An event, actual or imminent, which endangers, destroys or threatens to endanger or destroy life, property or the environment, and which requires a significant and coordinated response.

Term	In the context of this plan this term means:
Emergency Coordination Centre (ECC)	A facility or location where an identified group or team meets to address the consequences of an emergency. In the context of this plan, an ECC will be the central point within the health and human services system for strategic consequence management of a mass casualty incident or public health emergency.
Emergency Management	A framework that provides for planned and coordinated measures that reduce vulnerabilities and enhance capacities to withstand emergencies; as well as cope with and recover from their impacts.
Emergency Operations Centre (EOC)	Any facility or location where an identified group or team meets to give direction to operations in response to an emergency. This includes the acquisition and allocation of health resources as required. In the event of an emergency, one or more DHHS service groups or THOs may activate an EOC.
Hazard	A place, structure, source or situation, that may potentially endanger, destroy or threaten to endanger or destroy human life, property or the environment.
Health and Human Services System	The collective grouping of the Department of Health and Human Services, Tasmanian Health Organisation South, Tasmanian Health Organisation North and Tasmanian Health Organisation North West (as four separate Agencies under the <i>State Service Act 2000</i>) working in an integrated manner, with other government and non-government organisations, to provide effective and coordinated emergency management across the Tasmanian health and human services sector.
Incident Control System	The combination of facilities, equipment, personnel, procedures, and communications operating within a common structure with responsibility for the management of an emergency.
Interoperability	The establishment of relationships and arrangements to enable more effective management of emergencies, including the ability for organisations to provide resources to and accept resources from other organisations.
Mass Casualty Incident	An incident that results in a significant number of casualties, which may have the potential to overwhelm response resources.
Medical Assistance Team	A pre-identified, trained and appropriately equipped specialist medical response group, coordinated by Tasmanian Health Organisations, which can be deployed at short notice to deliver high-level medical care and / or surgical procedures and support Ambulance Tasmania and other health assets at an incident site.
Office of the Chief Medical Officer	A unit within the Population Health service group with responsibility for emergency preparedness and coordination, policy advice and maintenance of selected emergency management plans.
Preparedness	Planned and coordinated measures so safe and effective emergency response and recovery can occur.
Prevention and Mitigation	Planned and coordinated measures that eliminate or reduce the frequency and / or consequences of emergencies.

Term	In the context of this plan this term means:
Public Health Emergency	An occurrence or imminent threat to human health that poses a substantial risk of a significant number of fatalities, illnesses or health conditions. Causes of a public health emergency include bio-terrorism, epidemic or pandemic disease, chemical toxin, radiological hazard, or a novel and fatal infectious agent or biological toxin.
Recovery	The coordinated process of supporting emergency-affected communities in the reconstruction of the physical infrastructure, rehabilitation of the natural environment, re-establishment of the local economy, and restoration of emotional, social, and physical well-being of individuals and communities. Recovery includes the following elements: social; economic; infrastructure; and environmental.
Regional Health Commander	A THO employee appointed by the THO Executive to lead and coordinate the THO response to an emergency within a region and act as the single point of contact with regard to THO emergency response operations.
Regional Medical Coordinator	A medical practitioner, or other suitably qualified and experienced person, appointed by the THO Executive to coordinate the delivery of medical services within a region.
Regional Social Recovery Coordinator	A nominated THO employee who is authorised to lead and coordinate the delivery of social recovery services within a region in collaboration with the Regional (Emergency Management) Controller.
Response	Planned and coordinated measures that resolve the immediate impacts of emergencies.
Risk	The likelihood of harmful consequences resulting from the interaction between a hazard, the community and the environment.
Risk Management	The systematic application of management policies, procedures and practices to the tasks of identifying, analysing, evaluating, treating and monitoring risk.
State Health and Human Services Emergency Committee	A specialist advisory committee of the Security and Emergency Management Advisory Group responsible for providing advice on health and human service related emergency management issues, and monitoring and supporting the development, revision and implementation of emergency management arrangements and capabilities across the Tasmanian health and human services system.
State Health Commander	The Secretary DHHS (or authorised delegate), responsible for providing strategic leadership and coordination of the system-wide response to an emergency.
State Special Emergency Management Plans	Plans maintained by Tasmanian Government Agencies, on behalf of the State Emergency Management Committee, which describe hazard specific emergency management arrangements.
Tasmanian Health Organisations	Entities established under the <i>Tasmanian Health Organisations Act 2011</i> and listed as State authorities (under the <i>State Service Act 2000</i>) that promote and maintain the health of persons, and provide care and treatment to, and ease the suffering of, persons with health problems. They are the THO North, THO North West and THO South.

Acronyms

The table below lists the acronyms that are commonly used in this plan.

Acronym	Stands for:
AHPPC	Australian Health Protection Principal Committee
AT	Ambulance Tasmania
CEO	Chief Executive Officer
CMO	Chief Medical Officer
DHCS	Disability, Housing and Community Services
DHHS	Department of Health and Human Services
DPAC	Department of Premier and Cabinet
DPH	Director of Public Health
ECC	Emergency Coordination Centre
EOC	Emergency Operations Centre
MAT	Medical Assistance Team
PPRR	Prevention and Mitigation, Preparedness, Response, and Recovery
SEMAG	Security and Emergency Management Advisory Group
SEMC	State Emergency Management Committee
SHHSEC	State Health and Human Services Emergency Committee
SSEMP	State Special Emergency Management Plan
TEMP	Tasmanian Emergency Management Plan
THO	Tasmanian Health Organisation



Section I – Overview

Authority

- 1.1 This plan and the arrangements described herein have been endorsed by the Health Leaders Forum and the Departmental Executive and approved under the authority of the Secretary Department of Health and Human Services (DHHS) and each Tasmanian Health Organisation (THO) under the authority of the Chair of the three THO Governing Councils.

Aim

- 1.2 The aim of this plan is to describe the emergency management governance, planning, prevention, preparedness, response and recovery arrangements and roles and responsibilities performed and managed by the DHHS and THOs in accordance with relevant state and national emergency management policy and planning arrangements.

Objectives

- 1.3 The objectives of this plan are to:
 - a. support on-going development, implementation and sustainment of an integrated emergency management framework across the Tasmanian health and human services system based on a common policy, planning and corporate governance model; and
 - b. promote emergency management as a core business activity of the DHHS and THOs.

Scope and Application

- 1.4 Wherever possible, the arrangements described in this plan are based on existing policies, plans, and procedures in order to aid with familiarity, understanding and implementation. They are intended to be broad in content, flexible in application, and based on a comprehensive and integrated approach to emergency management incorporating the principles of prevention and mitigation, preparedness, response and recovery (PPRR).

Context Statement

- 1.5 The term Health and Human Services System (the system), where used in this plan, refers to the collective grouping of the DHHS and THOs working in an integrated manner, with other government and non-government organisations, to provide effective and coordinated emergency management across the Tasmanian health and human services sector.

Note:

The DHHS consists of departmental groups and service groups.

Departmental groups are responsible for the provision of support for policy, planning, funding performance monitoring and improvements across government, and the interface with government. DHHS departmental groups are Strategic Control, Workforce and Regulation and System Purchasing and Performance.

Service groups are responsible for delivering services to the public. DHHS service groups are Ambulance Tasmania, Children and Youth Services, Disability, Housing and Community Services and Population Health.

In accordance with the Tasmanian Health Organisations Act 2011, THOs are responsible for providing care and treatment to, and easing the suffering of, persons with health problems.

Note:

Irrespective of current and future service delivery frameworks and governance arrangements, the importance of emergency management remains constant, as does the requirement to ensure that effective arrangements exist across all levels of the DHHS and THOs. Under the National Health Reform Agreement and THO Act 2011, the DHHS supports the Minister as system manager of public hospitals, including system-wide service planning and performance, purchasing and monitoring, and taking a lead role in managing public health, and providing a single point of accountability for public hospital performance and planning.

- 1.6 An emergency is often the result of the interaction between a hazard, the community and the environment. Tasmania is not immune to a range of natural or man-made hazards that may cause an emergency with health consequences. In order to achieve an integrated, multi-sector approach to proactive emergency PPRR, all areas of the DHHS and THOs require an understanding of their emergency management roles, responsibilities and coordination arrangements.
- 1.7 The DHHS and THOs provide a wide-range of preventative, primary and acute based health and human services to the Tasmanian community. A number of these services can be classified as 'emergency services' and are delivered in accordance with normal business arrangements, operating procedures, resource levels, and community expectations. Where an emergency occurs that is beyond the capacity of existing resources (human and / or material), special arrangements are required.

Emergency Management Concepts and Principles

- 1.8 In accordance with contemporary emergency management concepts and principles¹, the arrangements described in this plan adopt an all-hazards approach to emergency management in order to contribute to the development and maintenance of safer, sustainable communities. This plan recognises that dealing with the health risks to the community requires a range of PPRR measures that are integrated and ensure that system-wide services are coordinated and aligned. It is important to note that PPRR elements are individual but interrelated aspects of emergency management and not necessarily sequential phases.
- 1.9 The following principles underpin this plan:
 - a. Cooperation between the DHHS and THOs is essential to achieving integrated emergency management capability development.
 - b. Emergency management roles and responsibilities are confirmed in regularly reviewed policies, plans and procedures.
 - c. Emergency management is a core business activity of the DHHS and THOs.

Note:

Acts of terrorism and natural disasters have seen the focus on counter-terrorism and natural disaster preparedness grow at the local, regional, state, and national level, and the importance of emergency management increase. In accordance with community expectations, the DHHS and THOs are required to continually develop and enhance their emergency management capability.

¹See: *Emergency Management in Australia – Concepts and Principles*

Section 2 – Governance and Management

Tasmanian Emergency Management Framework

2.1 The *Tasmanian Emergency Management Plan* (TEMP) describes how the Tasmanian Emergency Management Framework operates at a State, Regional and Municipal level. Emergency management activities at each level are governed by emergency management committees and their associated sub-committees. A summary of the principal committees at the whole-of-government and system level is given below.

The State Emergency Management Committee (SEMC)

2.2 Chaired by the State Emergency Management Controller (Commissioner of Tasmania Police), the SEMC institutes, coordinates and reviews emergency management arrangements at a statewide level. In accordance with the TEMP, the DHHS and THOs are currently represented on the SEMC by the Secretary DHHS and Chief Executive Officer (CEO) Ambulance Tasmania (AT).

The Security and Emergency Management Advisory Group (SEMAG)

2.3 Co-chaired by the Deputy Secretary, Department of Premier and Cabinet (DPAC) and the Deputy Commissioner of Tasmania Police (TASPOL), the SEMAG is an advisory group to the SEMC and is responsible for assisting the SEMC with, or providing policy advice to the SEMC relating to, security and emergency management. The DHHS and THOs are currently represented on the SEMAG by the Director of Public Health (DPH) and the Chief Medical Officer (CMO).

The State Health and Human Services Emergency Committee (SHHSEC)

2.4 The SHHSEC is a specialist sub-committee of the SEMAG (refer Figure 2.1). The principal role of the SHHSEC is to advise the SEMAG on health and human services related emergency management issues. A core function is to monitor and support the development, revision and implementation of system-wide emergency management arrangements and capabilities. The SHHSEC is currently chaired by the CMO and membership includes representatives from the DHHS, THOs and non-government sector.

Note:

Where the SEMAG is convened in preparation for or in response to an emergency, the SHHSEC Chair can call an extraordinary meeting in order to aid with situational awareness and develop policy direction for an integrated health and human services system response.

Mass Casualty Management Sub-Committee (MCMSC)

2.5 The purpose of the MCMSC is to consider Tasmanian mass casualty management arrangements and provide specialist advice to the SHHSEC on regional and statewide capability developments as appropriate. Principal amongst the responsibilities of the MCMSC is maintenance of the State Special Emergency Management Plan (SSEMP) for Mass Casualty Management. Membership of the MCMSC includes representatives from the DHHS, THOs and non-government sector.

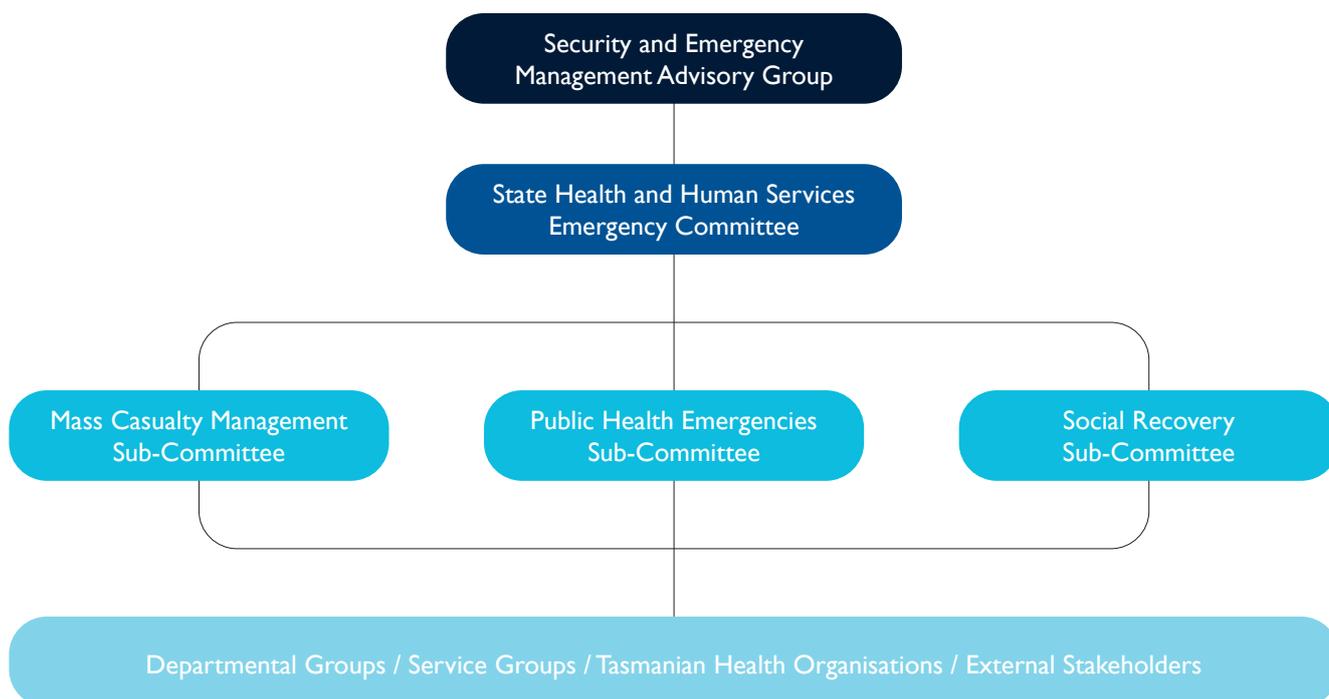
Public Health Emergencies Sub-Committee (PHESC)

2.6 The purpose of the PHESC is to consider Tasmanian public health emergency management arrangements and provide specialist advice to the SHHSEC on regional and statewide level capability developments as appropriate. Principal amongst the responsibilities of the PHESC is maintenance of the SSEMP for Public Health Emergencies. Membership of the PHESC includes representatives from the DHHS, THOs and non-government sector.

Social Recovery Sub-Committee (SRSC)

2.7 The purpose of the SRSC is to guide development and maintenance of social recovery capabilities in accordance with DHHS and THO responsibilities as outlined in the TEMP and the SSEMP for Recovery. Membership of the SRSC includes representatives from the DHHS and THOs.

Figure 2.1 – Health and Human Services System Emergency Management Corporate Governance Framework:



Australian Health Protection Principal Committee (AHPPC)

2.8 The AHPPC is the peak national health emergency management committee, which operates under the auspices of the Australian Health Ministers' Advisory Council (AHMAC). The AHPPC is responsible for providing policy advice to the AHMAC on health emergency management issues and coordinating the national health response to significant incidents. The Tasmanian representative on the AHPPC is currently the DPH. Where national level agreement is reached by the AHPPC the DHHS and THOs are required, within available resources, to ensure compliance as appropriate.

National Health Emergency Management Standing Committee (NHEMSC)

2.9 The NHEMSC is a sub-group of the AHPPC. The purpose of the NHEMSC is to address the operational aspects of disaster medicine and health emergency management in an all hazards context with a focus on preparedness and response activities. Tasmania is currently represented on the NHEMSC by the Coordinator Emergency Preparedness from the OCMO.

Legal Arrangements

- 2.10 The *Emergency Management Act 2006* (the Act) provides the legislative basis for emergency management arrangements in Tasmania. The Act establishes a flexible emergency management system, makes provisions for the establishment of emergency management committees at State, Regional and Municipal levels and details the functions and powers assigned to the State (Emergency Management) Controller, Regional (Emergency Management) Controllers, Municipal (Emergency Management) Controllers and other Authorised Officers (as defined under the Act).
- 2.11 In addition to the emergency-based powers given to the State Controller and other Authorised Officers under the Act, there are certain legislated powers specific to health emergency management that come under the responsibility of the DHHS. These powers derive from the legislation² listed below, which is administered by the DPH and applies to all elements of the health and human services system:
- a. The *Poisons Act 1971* and Regulations 2008.
 - b. The *Public Health Act 1997* and associated Guidelines.
 - c. The *Food Act 2003*.
 - d. The *Radiation Protection Act 2005*.
 - e. The *Quarantine Act 1908* (Commonwealth).

²Available at: www.thelaw.tas.gov.au or www.comlaw.gov.au

Section 3 – Planning

Planning Intent

- 3.1 The intent of this plan is to ensure that:
- The DHHS and THOs are best positioned to meet the health and human service needs of the community before, during and after an emergency in an integrated and sustainable manner and within the context of current and future service delivery frameworks and governance arrangements.*
- 3.2 This plan provides the policy and planning framework for the development and refinement of integrated system-wide emergency management arrangements. The framework is built on existing policies, plans and procedures, and seeks to optimise baseline capability to manage the health and human service based response to / consequences of an emergency.

Planning Documents

- 3.3 A range of planning documents at the national and state level directly support or are associated with the arrangements described in this plan. The principal documents are summarised below.

Australian Government Plans

National Health Emergency Response Arrangements (NHERA)

- 3.4 The NHERA inform and guide a coordinated Australian health sector response to, and recovery from, emergencies of national consequence. The NHERA also provide a strategic planning framework to guide revision of existing health and human service sector emergency management arrangements.

The Australian Government Disaster Response Plan (COMDISPLAN)

- 3.5 The COMDISPLAN outlines the coordination arrangements for the provision of Australian Government non-financial assistance in the event of a disaster or emergency within Australia or its offshore territories when the total resources (government, community and commercial) of an affected jurisdiction cannot reasonably cope with the needs of the situation, and can be activated for any disaster or emergency regardless of cause.

The Australian Government Domestic Response Plan for Mass Casualty Incidents of National Consequence (AUSTRAMAPLAN)

- 3.6 The AUSTRAMAPLAN operates under the auspices of the NHERA and relates to a coordinated health sector response to a mass casualty incident of national consequence.

National Action Plan for Human Influenza Pandemic (NAPHIP)

- 3.7 The NAPHIP describes how the Australian Government, together with state and territory and municipal governments, will cooperate with regard to PPRR arrangements for a human influenza pandemic.

Note:

In the event of a terrorist related incident, the National Counter-Terrorism Plan (NCTP) will be activated. Under these circumstances, all supporting arrangements will comply with the arrangements described in the NCTP. The NCTP outlines the responsibilities, authorities and mechanisms to prevent, respond to, investigate and manage acts of terrorism and its consequences within Australia.



Australian Health Management Plan for Pandemic Influenza (AHMPPI)

3.8 The AHMPPI is a national level health plan that outlines the measures the health sector will consider in response to an influenza pandemic and provides an overview of preparedness activities to ensure that the health sector is adequately prepared for an influenza pandemic.

Tasmanian Plans

Tasmanian Emergency Management Plan

3.9 The TEMP describes the current governance and coordination arrangements, and roles and responsibilities for emergency management in Tasmania and is based on the requirements of relevant legislation, related policies and accepted best practice models.

State Special Emergency Management Plans

3.10 SSEMPs describe specific arrangements for pre-identified hazards or emergency management functions. Current SSEMP that support this plan include:

Human Influenza Pandemic Emergencies (HIPE)

3.11 The SSEMP for HIPE describes Tasmanian Government arrangements to prevent and mitigate, prepare for, respond to and recover from a human influenza pandemic and includes roles and responsibilities across government and the community. This plan is supported by a suite of sub and associated plans, processes and procedures and is consistent with the NAPHIP and the AHMPPI. This plan is maintained by the DPAC on behalf of Government, with DHHS and THO input.

Tasmanian Mass Casualty Management Plan (TMCMP)

3.12 The TMCMP is maintained by the DHHS on behalf of Government and describes the current governance and coordination arrangements, and roles and responsibilities for a coordinated Tasmanian health and human services system response to a mass casualty incident.

Tasmanian Public Health Emergencies Management Plan (TPHEMP)

3.13 The TPHEMP is maintained by the DHHS on behalf of Government and describes the current governance and coordination arrangements, and roles and responsibilities for a coordinated Tasmanian health and human services system response to a public health emergency.

Recovery SSEMP

3.14 The SSEMP for Recovery documents and records the statewide arrangements for recovery in Tasmania. This plan is maintained by the DPAC on behalf of Government, with DHHS and THO input on social recovery arrangements.

Regional Plans

3.15 In accordance with Section 33 of the Act, there are three regional level emergency management plans:

- a. Northern Regional Emergency Management Plan.
- b. North West Regional Emergency Management Plan.
- c. Southern Regional Emergency Management Plan.

- 3.16 These plans describe the arrangements and key roles and responsibilities for the governance and coordination of emergency management within a specific geographic region.

Municipal Plans

- 3.17 In accordance with Section 34 of the Act, municipal councils maintain emergency management plans, either individually or in partnership, that describe the arrangements and responsibilities for the governance and coordination of emergency management within municipal areas.

Enabling Arrangements

- 3.18 A series of enabling arrangements are developed and maintained by relevant DHHS groups and THOs (see Table 3.1). The principal documents are summarised below.

Ambulance Tasmania Multi-Casualty Incident Plan (ATMCIP)

- 3.19 This plan describes a flexible management system designed to assist AT manage incidents where the number of casualties requires greater than normal coordination and control, while maximising the services ability to maintain essential coverage for the rest of the community and is approved by the AT CEO.

Business Continuity Management Plans

- 3.20 These plans describe the business continuity management arrangements specific to a DHHS group or THO. They provide a framework for building resilience through processes that enable the maintenance of critical business functions, are developed in accordance with current policy and are approved by the relevant DHHS group or THO executive.

DHHS Emergency Coordination Centre Operating Procedures

- 3.21 These operating procedures outline the function, structure, activation and management of the DHHS Emergency Coordination Centre and its relationship with internal and external emergency coordination / operations centres and are approved by the CMO.

DHHS Emergency Communications Processes and Procedures

- 3.22 This document outlines the standard communication processes and procedures that will be used in the event of an emergency and includes internal, stakeholder, and public communications. The plan is maintained by the Strategic Communications and Media Unit and is approved by the Director.

Emergency Operations Centre Operating Procedures

3.23 These operating procedures describe the arrangements, specific to a DHHS group or THO, to raise and sustain an Emergency Operations Centre and are approved through the relevant DHHS group or THO emergency management governance processes.

National Medical Stockpile Tasmanian Distribution Plan

3.24 This is a controlled document that describes the Tasmanian framework to receive, manage, distribute and account for items from the National Medical Stockpile and is approved by the CMO.

Public Health Emergency Management Arrangements

3.25 A suite of public health emergency management arrangements exist for specific hazards or emergency management functions directly relating to public health protection and are approved by the relevant DHHS service group or THO executive.

THO Emergency Management Arrangements

3.26 These arrangements include THO policies, plans, and procedures maintained in order to perform their emergency management roles and responsibilities in accordance with relevant policies and plans and are approved through THO emergency management governance processes.

THO Mass Casualty Management Plans

3.27 These plans describe the arrangements both internal to each THO and those taken in a coordinated response, in partnership with other regional based health and human service providers, in order to perform their duties as assigned under the TMCMP and are approved through THO emergency management governance processes.

Emergency Response Plans

3.28 Tasmanian health care facilities are required to maintain a suite of emergency response plans, coded in accordance with Australian Standard 4083-2010. These plans are activated based on a specific set of circumstances and are approved in accordance with relevant emergency management governance processes.



emergency →

Table 3.1 – Emergency Management Planning Responsibilities:

		AT Multi-Casualty Incident Plan	Business Continuity Management Plan	DHHS Emergency Communication Processes and Procedures	DHHS ECC SOPs	EOC SOPs	Emergency Response Plans	National Medical Stockpile Tasmanian Distribution Plan
Tasmanian Health Organisations ¹	THO South		✓			✓	✓	
	THO North		✓			✓	✓	
	THO North West		✓			✓	✓	
DHHS Service Groups ¹	Ambulance Tasmania	✓	✓			✓		
	Children and Youth Services		✓			✓	✓	
	Disability, Housing and Community Services		✓			✓	✓	
	Population Health		✓		✓	✓		✓
DHHS Departmental Groups ¹	Strategic Control, Workforce and Regulation		✓	✓				
	System Purchasing and Performance		✓					
	Shared Services		✓					

¹Current at the time of publication. Any future restructure may result in a change of emergency management planning responsibilities.

Plan for the Delivery of Integrated Emergency Management within the DHHS and THOs	Public Health Emergency Management Arrangements	THO Emergency Management Arrangements ²	THO Mass Casualty Management Plan	Tasmanian Mass Casualty Management Plan	Tasmanian Public Health Emergencies Management Plan
	✓	✓	✓		
	✓	✓	✓		
	✓	✓	✓		
	✓				
✓	✓			✓	✓

²Including a THO Emergency Management Plan.

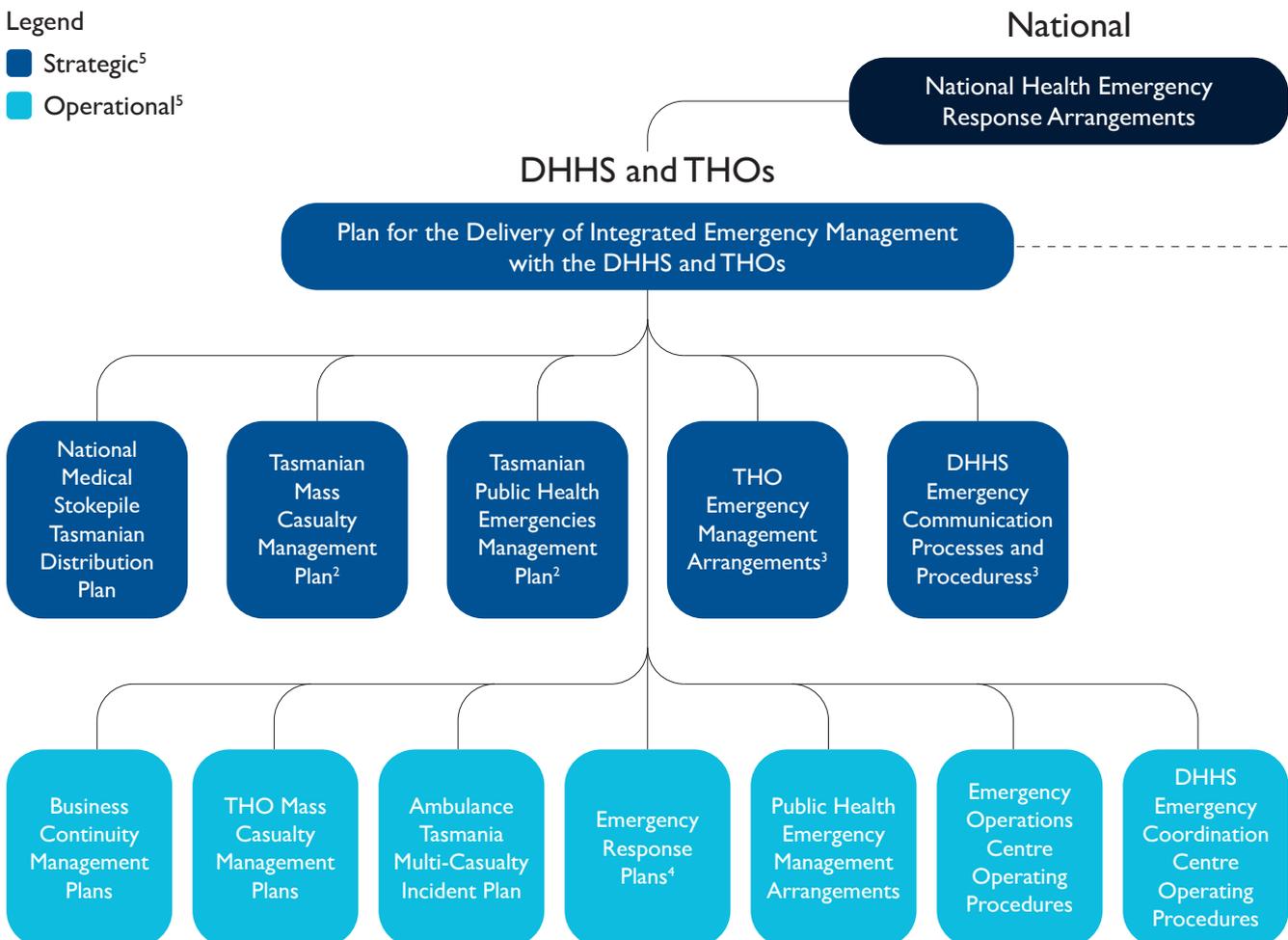
Planning Review

- 3.29 Emergency management planning arrangements are formally reviewed on a two-yearly basis, at the conclusion of an emergency where activated or on the introduction of any major organisational reform, legislative changes or planning reviews that affect the DHHS and THOs or their stakeholders.
- 3.30 Review should include confirmation of roles and responsibilities, training and education, validation and assessment, and emergency management sector engagement (as applicable) at the operational, regional, state and national level. Annex A describes a series of guidelines against which the DHHS and THOs should develop and review their emergency management arrangements.

Emergency Management Planning Framework

3.31 The DHHS and THOs operate within an emergency management planning framework, which is illustrated at Figure 3.1.

Figure 3.1 – Emergency Management Planning Framework:





State¹

Tasmanian Emergency Management Plan

Tasmanian
Public Health
Emergencies
Management
Plan²

THO
Emergency
Management
Arrangements³

Tasmanian
Public Health
Emergencies
Management
Plan²

THO
Emergency
Management
Arrangements³

¹This graphic is for representational purposes only. There are multiple linkages not represented between DHHS and THO and non DHHS and THO emergency management plans.

²A State Special Emergency Management Plan developed and maintained by the DHHS on behalf of Government.

³Including a THO Emergency Management Plan.

⁴Relevant DHHS service groups and THOs maintain a suite of emergency response plans, coded in accordance with Australian Standard 4083-2100.

⁵This graphic is indicative of a the strategic or operational nature of a plan and relates to only those plans developed and maintained by the DHHS and THOs.

Section 4 – Emergency Management Arrangements

4.1 Prevention and Mitigation

Overview

4.1.1 Given that any number of natural or man-made hazards may generate an emergency, not all emergencies are foreseeable or preventable. Notwithstanding, this plan promotes integrated emergency management planning across the system to identify the most likely hazards and to continue to develop strategies to minimise the level of risk to the community, the DHHS and THOs.

Research

4.1.2 At a national level, the AHPPC is the principal driver of health-based emergency management research and capability development that promotes best practice principles. In addition, the Australian Emergency Management Institute conducts applied research into current emergency management issues in order to support the development of emergency management policy, plans and procedures.

Operational Activities

4.1.3 The Communicable Diseases Prevention Unit within the Population Health service group undertakes surveillance and follow-up of cases of notifiable disease. This includes contact tracing of those suspected of being exposed to an infectious disease and, where required, providing antibiotic therapy or prophylaxis to limit any further spread of disease.

4.1.4 Prevention and mitigation activities to prevent public health emergencies are ongoing and include initiatives such as environmental health programs for water quality and waste management. Surveillance for food-borne illness is another preventative activity aimed at identifying and responding to incidents of food contamination where the community is at risk. Immunisation of children and vulnerable persons by Tasmanian vaccine service providers under the National Immunisation Program also forms a preventative activity aimed at ensuring protection of the community from the spread of disease.

4.1.5 DHHS service groups and THOs should seek to ensure the community is well educated with regard to hazards and associated risks that could impact on individual and collective health and well-being. Community engagement roles should be directly or indirectly in partnership with local government, non-government organisations, the private sector and the community to build their health related resilience and preparedness for emergencies. Related initiatives should be within budget limitations and operational priorities, with every effort made to seek funding opportunities to support these activities.



Risk Management

4.1.6 To ensure standardisation and best practice, risk management programs should follow the process described in *AS/NZS ISO 31000:2009 Risk Management – Principles and Guidelines*. Applying a risk management process enables an organisation to manage the risks to its objectives. In accordance with current policy, it is necessary that each DHHS group and THO undertake their own risk assessment to inform business continuity management arrangements and ensure that, in the event of an emergency, critical health and human services can be maintained.

4.2 Preparedness

Business Continuity Management

4.2.1 In accordance with current policy, the development, maintenance and validation of business continuity management plans is a DHHS group and THO responsibility. The arrangements described in this plan recognise that a sustained system-wide response to an emergency will likely involve an adjustment to normal service priorities and will have associated business continuity management considerations. Business continuity arrangements should be based on risk assessment and strategies to mitigate disruption to services and critical interdependencies.



4.2.2 Business Continuity Managers can be guided by the DHHS Departmental Executive endorsed *Procedure for Development of Business Continuity Plans* and should note the following documents as points of reference:

- a. ANAO – *Business Continuity Management – Building Resilience in Public Sector Entities – Better Practice Guide 2009*
- b. HB 221:2004 *Business Continuity Management*
- c. HB 292-2006 *A Practitioners Guide to Business Continuity Management*
- d. HB 293-2006 *Executive Guide to Business Continuity Management*
- e. AS/NZS 5050:2010 *Business Continuity – Managing Disruption-Related Risk*

Security Risk Management and Critical Health Infrastructure Protection

4.2.3 Any disruption to the essential services provided by the DHHS and THOs, and the sites from where these are delivered / sourced, may result in restricted service provision. Therefore, it is important that security risk management and critical health infrastructure protection (e.g. acute, day and mental health facilities) be considered.

4.2.4 Each DHHS group and THO are responsible for maintaining protective security arrangements for critical health infrastructure under their control. Security risk management should be conducted in accordance with the industry standard ISO 31000:2009 and the processes described in the *Security Risk Management Handbook (HB 167:2006)*.

4.2.5 Responsibilities include:

- a. Providing adequate security for critical health infrastructure.
- b. Actively applying risk management principles to planning processes.
- c. Regularly reviewing risk assessments and plans.
- d. Reporting any incidents or suspicious activities.
- e. Regularly reviewing business continuity management plans.
- f. Participating in exercises that practice, test and / or validate security arrangements.



4.2.6 In accordance with the NCTP, Australia has four levels of public alert (low, medium, high, and extreme). At the time of review, the public alert level for terrorism is MEDIUM (i.e. terrorist attack could occur). It is possible that different jurisdictions, and nominated areas within a single jurisdiction, can be at different levels of public alert. TASPOL will advise of any change to the level of public alert. DHHS groups and THOs are responsible for developing and maintaining arrangements for the transition between levels of public alert. Table 4.1 provides an indicative list of actions to be taken when the level of public alert is changed. Further information is available through the Australian Government Attorney-General's Department.

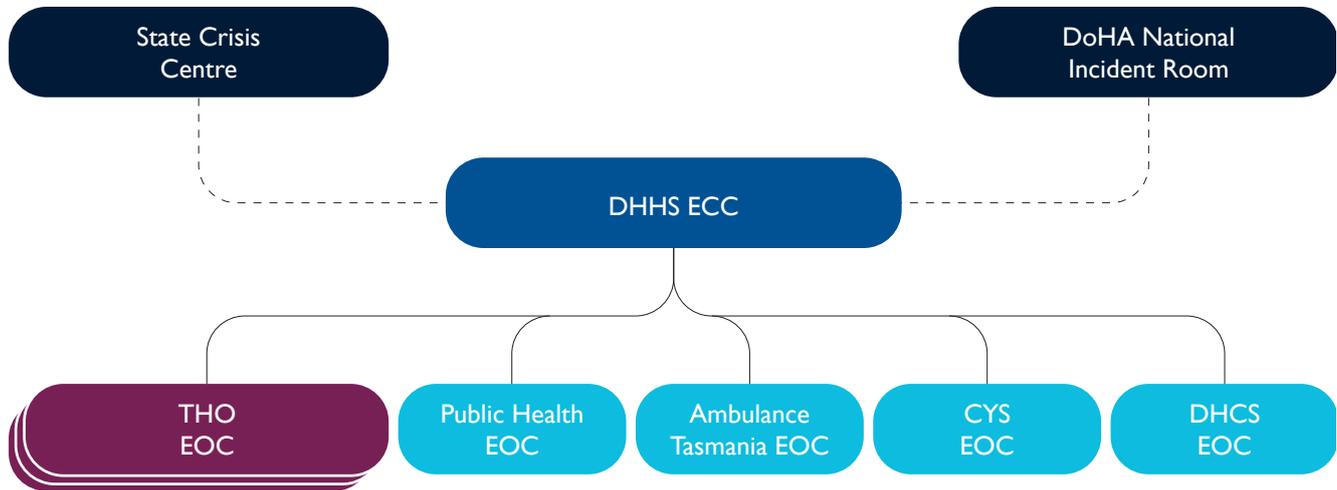
Table 4.1 – Level of Public Alert and Indicative Actions:

Level of Public Alert	Indicative Actions
Low (a terrorist attack is not expected)	<ul style="list-style-type: none"> • Maintain an appropriate level of situational awareness. • Report any suspicious behaviour to management.
Medium (a terrorist attack could occur)	<ul style="list-style-type: none"> • Maintain an increased level of vigilance at all service sites and report suspicious activity to management. • Ensure emergency management arrangements are regularly reviewed, tested and validated.
High (a terrorist attack is likely)	<ul style="list-style-type: none"> • Control entry and egress points to all major service sites in the alert-nominated area. • Restrict access to security sensitive areas. • Maintain heightened surveillance and security measures. • Electronic files duplicated off-site. • Surge capacity arrangements ready.
Extreme (a terrorist attack is imminent or could occur)	<ul style="list-style-type: none"> • Appropriately staffed entry and egress points for all service sites in the alert-nominated area. • Within capability, maintain maximum surveillance and security measures. • Medical Assistance Team (MAT) and other critical response assets mobilised and / or on standby.

Emergency Coordination

4.2.7 The DHHS and THOs have one central Emergency Coordination Centre (ECC) and several Emergency Operations Centres (EOCs) activated by the relevant DHHS group or THO as required. An indicative DHHS and THO Emergency Coordination Framework is represented at Figure 4.1.

Figure 4.1 – Indicative DHHS and THO Emergency Coordination Framework:



- 4.2.8 When activated, the DHHS ECC is the central point for system-wide strategic consequence management, including coordination with other government agencies and between the Tasmanian and the Australian Government on health specific issues at the strategic level.
- 4.2.9 Whenever possible, normal procedures for the acquisition of additional resources will be used. Should external support be required, it will be requested in accordance with the arrangements described in the TEMP.
- 4.2.10 DHHS service groups and THO EOCs give direction to operational tasks in response to an emergency. The function, structure, activation and management of these centres are described in respective EOC Operating Procedures.

Resource Coordination

- 4.2.11 Where support is required across the DHHS and THOs, consideration will be given to the prioritisation of need (particularly human resources). DHHS Groups and THOs are to plan for staff sustainment and have arrangements in place for resource sharing and coordination, particularly across the acute and public health sectors. Where resources are requested by the Response Management Authority Incident Controller / State Health Commander to support emergency response and recovery efforts, DHHS Group and THO executives make available the support required in accordance with their enabling arrangements.

Inter-operability

4.2.12 Inter-operability arrangements at the whole-of-government level are described in the TEMP and relevant SEMP. These arrangements enable Government agencies to request skilled personnel from another Government agency to assist with the consequence management and / or coordination of emergency response operations.

Training and Education

4.2.13 DHHS groups and THOs are responsible for identifying their emergency management professional development and training needs, and the subsequent planning and delivery of training programs. This includes supporting selected staff in attending emergency management training opportunities and training for personnel involved in the delivery of emergency-based response and recovery operations, patient management and incident control systems. DHHS groups and THOs seeking to develop internal training and related programs to support emergency management are responsible for funding these through either the recurrent budget process or by seeking Tasmanian or Australian Government funding where available.

Financial Administration

4.2.14 The DHHS and THOs maintain an emergency management capability. This requires the ability to maximise recurrent budget arrangements, pre-identify response and recovery resource requirements, and secure supplementary funding to ensure that an appropriate level of capability is maintained.

4.2.15 The cost of an emergency response (including recovery operations) is, in the first instance, absorbed by the DHHS group or THO delivering the relevant services. Subject to the nature and the level of expenditure there may be provision for reimbursement under the Australian Government Natural Disaster Relief and Recovery Arrangements (NDRRA), the Tasmanian Relief and Recovery Arrangements (TRRA) or, under special circumstances, as agreed to by the Department of Treasury and Finance. The DHHS and THOs are to ensure that their emergency response and recovery costs are clearly identified and recorded.

4.2.16 Further guidance can be found at Appendix 5.8 of the TEMP Issue 7.1.



4.3 Response

Overview

4.3.1 This section describes emergency response arrangements, including command and control, and activation and escalation processes. In order to ensure knowledge and understanding of broader response arrangements, this section should be read in conjunction with the TEMP and the suite of SSEMP.

Command and Control

4.3.2 An emergency response is coordinated through single command appointments and a common incident control system (CICS).

Response Management Authority

4.3.3 In accordance with the TEMP, the Response Management Authority is responsible for deploying resources to save lives, protecting property and the environment, and preserving the social and economic structure of the community. This can include dissemination of warnings, gaining and

maintaining situational awareness, activating and deploying resources and capabilities, coordinating response actions and flow of operational information (including supporting initial recovery), and arranging deactivation / stand down. The DHHS is the Response Management Authority for a public health emergency (including food and / or water contamination and an influenza pandemic).

Response Management Authority Incident Controller

4.3.4 Where, in accordance with the TEMP, the DHHS is the Response Management Authority, the Secretary DHHS will confirm the appointment of the DPH as the DHHS Incident Controller.

4.3.5 Where appointed as the DHHS Incident Controller, the DPH is responsible for:

- Providing strategic leadership and coordination of the multi-agency response.
- Providing advice to the SEMC and the SEMAG as required.

- c. Providing the conduit for briefing the relevant Minister / Ministers on emergency response and recovery operations.
- d. Activating the DHHS ECC to support strategic system-wide planning and consequence management.
- e. Establishing and maintaining effective communication with all agencies and organisations involved.
- f. Ensuring safe systems and safe equipment are utilised to protect the health and safety of all personnel involved.

State Health Commander

4.3.6 In instances where the DHHS is not the Response Management Authority and is supporting (together with the THOs) another Agency as the Response Management Authority, and system-wide leadership and coordination is required, the Secretary DHHS (by default) assumes the role of State Health Commander. Under the authority of the Secretary DHHS, the State Health Commander will assume control of all government-based health and human service capabilities and can direct service providers as required. The Secretary DHHS may delegate this authority.

Note:

1. Any decision to delegate authority of the State Health Commander will be made by the Secretary DHHS based on the nature and scale of an emergency.
2. In the event of a mass casualty incident, the Secretary DHHS will likely delegate authority of the State Health Commander to the CMO.
3. In accordance with the TEMP, the Tasmania Fire Service is the Response Management Authority where a chemical based hazardous material has been unintentionally released. Tasmania Police are the Response Management Authority where a radiological based hazardous material has been unintentionally released and where a chemical, biological, radiological and / or nuclear agent has been released as an act of intentional violence. Where any of these circumstances result in a public health emergency, the DHHS and THOs will support emergency response and recovery operations and the Secretary DHHS will likely delegate authority of the State Health Commander to the DPH.
4. Where appointed as the DHHS Incident Controller, the DPH will assume the same authority invested in the State Health Commander.
5. Where the DPH is not appointed as the DHHS Incident Controller or delegated authority as the State Health Commander, the DPH will assume the role of Public Health Commander and continue to support emergency response and recovery operations and execute all relevant statutory powers and functions invested in the DPH as appropriate. The Tasmanian Public Health Emergencies Management Plan provides further information on command and control arrangements for a public health emergency.
6. Where an emergency is complex in nature and / or system-wide response and recovery operations require longer term strategic management, the Secretary DHHS may delegate a person other than the CMO or DPH as the State Health Commander.
7. Where recovery operations require longer term strategic management, the Secretary DHHS may appoint a DHHS Social Recovery Coordinator to lead and coordinate system-wide recovery operations.

- 4.3.7 The Secretary DHHS, or delegate, as State Health Commander is responsible for:
- a. Providing strategic leadership and coordination of the system-wide response.
 - b. Supporting the Response Management Authority Incident Controller (as required).
 - c. Providing advice to the Secretary DHHS (where the Secretary DHHS has delegated authority) and DHHS SEMC / SEMAG representatives.
 - d. Activating the DHHS ECC (as required) to support strategic system-wide planning and consequence management.
 - e. Coordinating with DHHS groups and THOs in order to support a system-wide response.
 - f. If required, requesting external support in accordance with the TEMP and / or NHERA.

Regional Health Commander

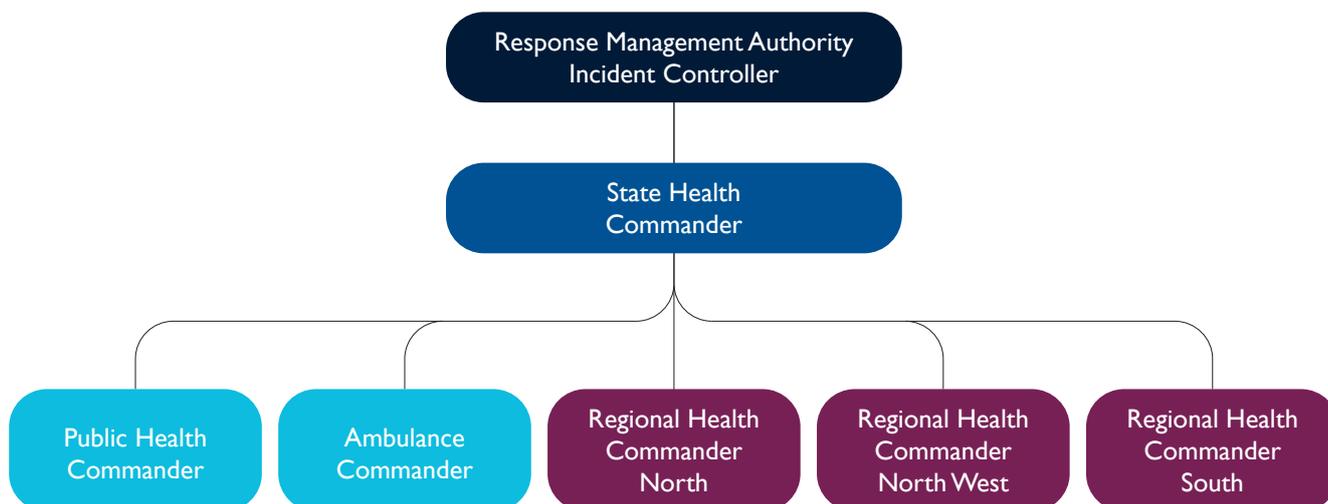
- 4.3.8 Where a THO is supporting a regional, system-wide or multi-agency emergency response, the THO CEO will confirm the appointment of a Regional Health Commander to lead and coordinate the THO response to an emergency within a region and act as the single point of contact with regard to THO emergency response operations. In instances where a State Health Commander is appointed, Regional Health Commanders are to ensure that they act in accordance with the directions of the State Health Commander. The roles and responsibilities of the Regional Health Commander are detailed in Section 5.

Regional Medical Coordinator

4.3.9 A THO Executive may choose to appoint a medical practitioner, or other suitably qualified and experienced person, as a Regional Medical Coordinator to coordinate the delivery of medical services within a region. Where appointed, the Regional Medical Coordinator may or may not execute the roles and responsibilities expected of a Regional Health Commander. Any such determination will be made by the THO Executive. The roles and responsibilities of the Regional Medical Coordinator are detailed in Section 5.

4.3.10 Figure 4.2 below is an indicative DHHS and THO incident command model.

Figure 4.2 – Indicative DHHS and THO Incident Command Model:

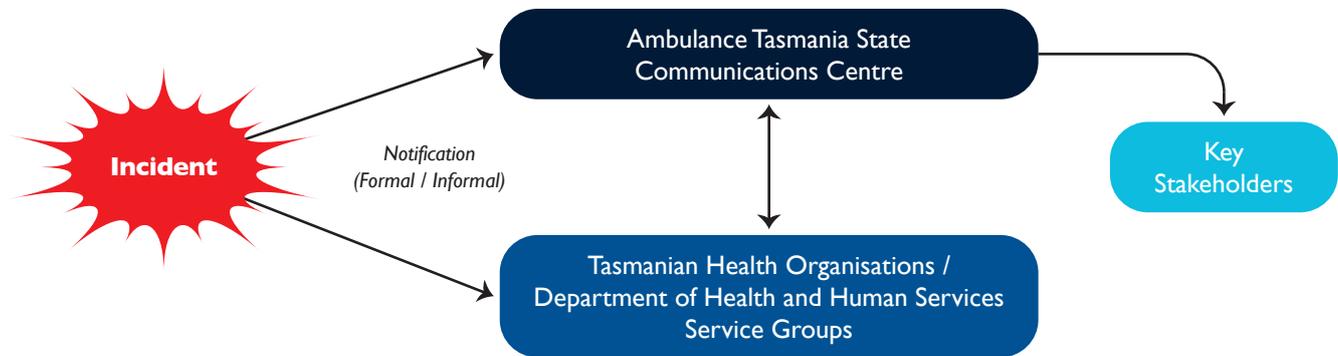


Emergency Notification

4.3.11 It is essential that stakeholders receive the earliest possible notification of an emergency and maintain good situational awareness. Information will likely be received through multiple formal and informal sources. The DHHS and THOs operate within the construct of the Tasmanian Major Incident Emergency Alert System, a multi-agency alert system where, in the event of an emergency, the Ambulance Tasmania State Communications Centre acts as the single point of initial contact. Figure 4.3 represents an indicative incident notification pathway.

4.3.12 In instances where the SEMAG convenes to discuss arrangements concerning an emergency response and the DHHS is not the Response Management Authority, the Chair of the SHHSEC (or delegate) is responsible for notifying the Secretary DHHS of the nature of the emergency and potential DHHS and THO involvement, including any recommendation for appointment of a State Health Commander. The Chair will then convene a meeting of the SHHSEC for briefing and determination of forward action.

Figure 4.3 – Indicative Incident Notification Pathway:



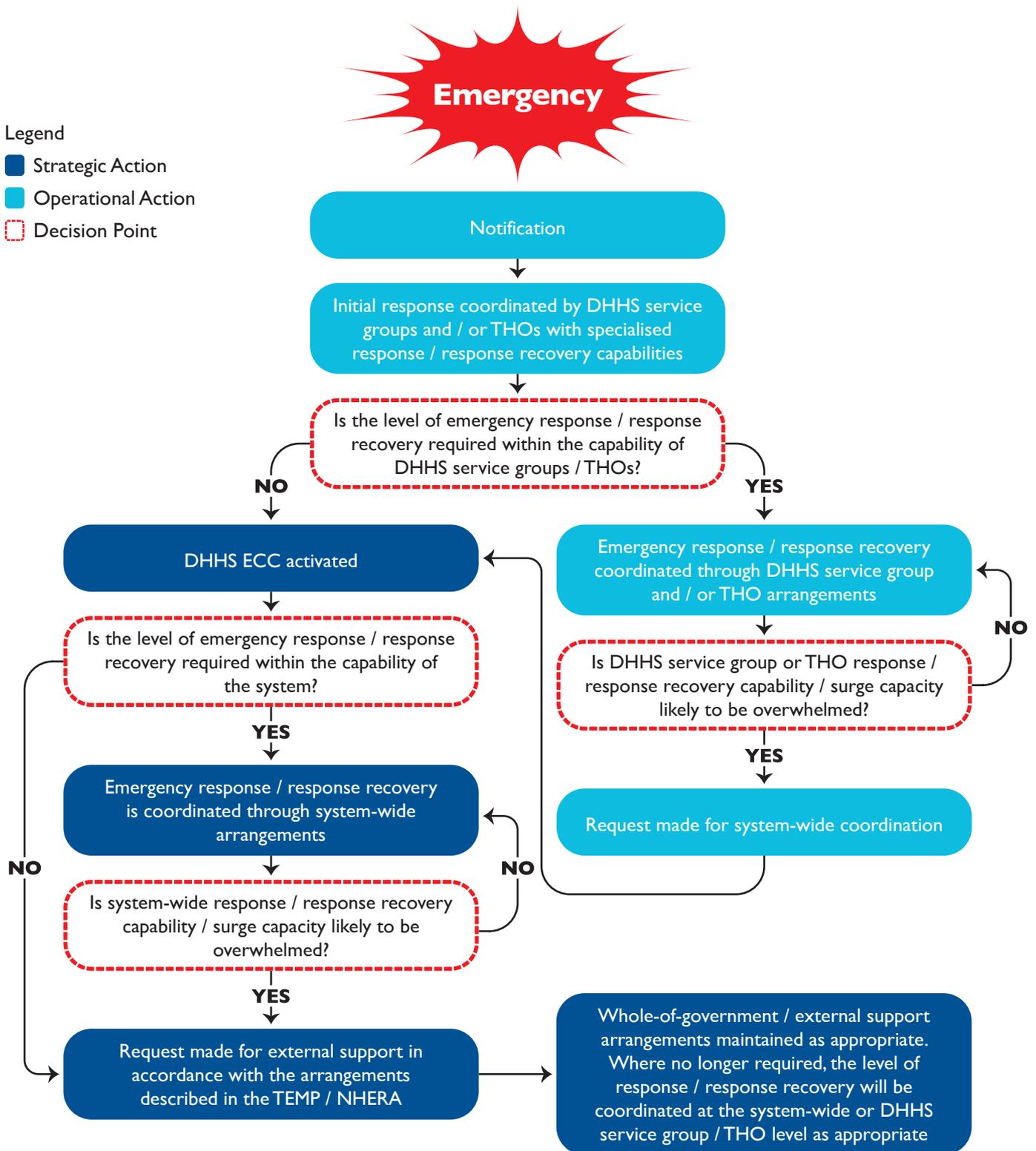
Emergency Communications and Public Information

4.3.13 Internal, stakeholder and public communications are a critical component of emergency response and recovery arrangements. DHHS emergency communications and public information will be coordinated by the Strategic Communications and Media Unit in accordance with the arrangements described in the *DHHS Emergency Communications Processes and Procedures*. The broadcast of public information at the whole-of-government level will be coordinated by the DPAC and / or the Department of Police and Emergency Management.

Activation and Escalation of Response / Response Recovery Arrangements

4.3.14 The initial response to an emergency will be coordinated by DHHS service groups and THOs with specialised response / response recovery capabilities. The requirement for regional or system-wide coordination will be subject to the nature and scale of an emergency. Where an incident increases the demand on resources, relevant DHHS groups and THOs will make provisions in order to manage the surge in service demand. Where this surge capacity is likely to be overwhelmed, system-wide response / response recovery arrangements may be activated. Any request to escalate to a system-wide response / response recovery is to be made to the State Health Commander as soon as the need is identified. Figure 4.4 represents an indicative emergency response / response recovery action and decision pathway.

Figure 4.4 – Indicative Emergency Response / Response Recovery Action and Decision Pathway:



Stages of Escalation

4.3.15 Escalation of response arrangements at the system-wide level is based on a three tier model as represented in Table 4.2.

Table 4.2 – Stages of a System-wide Level Escalation and Indicative Actions:

Stage of Escalation	Indicative Actions	Remarks
Standby (Level 1)	DHHS service groups and / or THOs with specialised response / response recovery capabilities will: <ul style="list-style-type: none"> • implement their emergency response / response recovery arrangements; • mobilise resources; and • where applicable, activate their EOC. 	On receipt of information that an emergency is imminent or has occurred.
Response (Level 2)	The emergency response / response recovery will be coordinated at the system-wide level in accordance with the location, nature and scale of the emergency. The DHHS ECC will be activated.	System-wide coordination is required or has been requested.
Stand-down	DHHS service groups and / or THOs will coordinate response and recovery arrangements as appropriate.	System-wide coordination is no longer required.

4.3.16 In certain circumstances, Standby may only be in effect for a short period or bypassed altogether. The change between levels of escalation is made by the State Health Commander based on available information, overall situational awareness and future forecasting. Irrespective of scale, DHHS groups and THOs have clearly documented and understood arrangements designed to best manage the emergency case-load and prolong service delivery and / or to facilitate system-wide support when requested or activated. Enablers include arrangements for staff sustainment, critical equipment, materials and resource supply chains.

External Support

4.3.17 Where system-wide capability is (or is likely to be) overwhelmed, support at the whole-of-government, inter-jurisdictional and / or the Australian Government level will be requested. Under these circumstances, a request for external support will be made in accordance with the arrangements described in the TEMP and / or the NHERA.

4.4 Recovery

4.4.1 The arrangements described herein are broad in content, flexible in application, and supplement a comprehensive and integrated approach to emergency management. In order to ensure knowledge and understanding of broader recovery arrangements, this section should be read in conjunction with the:

- a. SSEMP for Recovery; and
- b. the TEMP.

4.4.2 The SSEMP for Recovery provides a broad framework for recovery that can be tailored to the requirements of an emergency and supports the affected community to manage its own recovery. The SSEMP for Recovery defines recovery as:

The coordinated process of supporting disaster affected communities in the reconstruction of the physical infrastructure, rehabilitation of the natural environment, re-establishment of the local economy, and restoration of emotional, social, and physical well-being of individuals and communities.

4.4.3 The DPAC is responsible for the coordination of recovery services at the whole-of-government level while the DHHS and THOs are primarily responsible for the coordination and / or delivery of social recovery services, providing strategic advice to the Regional Controller and / or the Response Management Authority Incident Controller and supporting local government and an Affected Area Recovery Committee or a State level Recovery Task Force, as required. Roles and responsibilities across whole-of-government are listed in the SSEMP for Recovery.

4.4.4 The DHHS and THOs are required to maintain arrangements to support the delivery and / or coordination of specific recovery functions as listed in the TEMP. Recovery roles and responsibilities assigned to relevant DHHS groups and THOs are detailed in Section 5.

4.4.5 This plan acknowledges that recovery includes the following four elements:

- a. Social recovery – focused on assisting a community to manage its own recovery by rebuilding emotional, social and physical well-being through a coordinated and planned process.
- b. Economic recovery – focused on managing the impacts of an emergency on business, industry and employment and, where appropriate, assisting the local economy to recover to pre-emergency levels.
- c. Infrastructure recovery – focused on the repair, restoration and replacement of government and community infrastructure including structures such as schools, roads, essential services and communications.
- d. Environmental recovery – focused on addressing the environmental impacts of an emergency.

- 4.4.6 Typical considerations for social recovery include:
- a. Provision of immediate relief services to affected individuals and families.
 - b. Assessing social recovery and environmental needs and prioritising the actions required.
 - c. Developing, implementing and monitoring the provision of social recovery and environmental activities that are aligned as much as possible with municipal and regional level recovery arrangements.
 - d. Enabling communication with the community and community participation in decision-making.
 - e. Where possible, contributing to future mitigation requirements or improvements to emergency management planning requirements.
- 4.4.7 DHHS service groups and THOs maintain regional-based social recovery networks with a range of government and non-government organisations. The services they provide may be activated where a Municipal Council requests support from the relevant Regional Social Recovery Coordinator, or at the direction of a Regional Controller, where the services required are beyond the capacity of local government (either individually or collectively) to deliver and / or coordinate.
- 4.4.8 The nature and scale of an emergency will determine the social and / or environmental recovery services that need to be delivered and / or the level at which to activate a particular service. Small scale incidents are likely to be appropriately managed through existing arrangements and support services at the local level with an initial focus on providing basics such as shelter, food and water, personal hygiene, clothing, psychological support, and information.
- 4.4.9 Large scale and / or protracted incidents will require strategic oversight of medium and longer term service provision. Under the leadership of an experienced officer, relevant areas of the DHHS and THOs will work collaboratively in conjunction with any Affected Area Recovery Committees and / or State Recovery Taskforce as appropriate.
- 4.4.10 Higher level coordination of DHHS and THO recovery related policy development and planning is through the Social Recovery Sub Committee of the SHHSEC. Representation to this Sub Committee and its associated business practices are currently under review. Future versions of this Plan will reflect confirmed arrangements, once finalised.

Section 5 – Roles and Responsibilities

5.1 In accordance with the TEMP, Table 5.1 provides a summary list of the emergency management functions performed by the DHHS and the THOs (either as a Primary Support Agency or as an Assisting Support Agency). This list is indicative of the scope and complexity of emergency management issues considered by the DHHS and THOs.

Note:

This plan acknowledges that enabling arrangements to perform the functional responsibilities (as listed below) may differ on a regional basis.

Table 5.1 – DHHS and THO Emergency Management Functions:

	Function	Responsible Area/s
Primary Support Agency ¹	Accommodation (emergency)	Disability, Housing and Community Services
	Advice on environmental health	Population Health
	Advice on radiological and nuclear hazards	Population Health
	Assembly, evacuation, information and recovery centres	Tasmanian Health Organisations
	Care for children	Children and Youth Services
	Casualty treatment, triage, transport and registration	Ambulance Tasmania
	Clothing and household items	Tasmanian Health Organisations
	Communications (media liaison)	Strategic Control, Workforce and Regulation / Tasmanian Health Organisations
	Community warnings (public health emergencies)	Population Health
	Decontamination from hazardous materials (chemical, biological, radiological, nuclear and explosives)	Tasmanian Health Organisations / Population Health / Ambulance Tasmania
	Emergency catering	Tasmanian Health Organisations
	Financial assistance for personal hardship and distress	Children and Youth Services / Disability, Housing and Community Services
	Flu clinics	Tasmanian Health Organisations / Population Health
	Outreach services	Tasmanian Health Organisations
	Pastoral care	Tasmanian Health Organisations
	Personal and community support	Tasmanian Health Organisations
Assisting Support Agency ²	Blood supplies	Tasmanian Health Organisations
	Management of donated goods	Tasmanian Health Organisations
	Planning for longer term recovery coordination	Tasmanian Health Organisations / Children and Youth Services / Disability, Housing and Community Services / Strategic Control, Workforce and Regulation / Population Health
	Registration and enquiry (of affected persons relating to evacuation)	Tasmanian Health Organisations
	Restoration / resupply of services or conditions (drinking water)	Population Health
	Restoration / resupply of services or conditions (environmental health)	Population Health
	Rescue (technical)	Ambulance Tasmania / Tasmanian Health Organisations
Translation / interpreter service (Languages other than English)	Tasmanian Health Organisations	

Note:

In accordance with the TEMP:

1. The role of a Primary Support Agency can include:
 - a. Providing functional support for activities across the PPRR spectrum (this can include providing human or material resources for operations).
 - b. Requesting assistance from and coordinating efforts with Assisting Support Agencies and other organisations to maximise use of all available resources.
 - c. Providing advice of progress to the Management Authority and Assisting Support Agencies.
 - d. Coordinating agency specific planning and preparation for performing functions in the short term, as well as over extended periods in partnership with Assisting Support Agencies.
 - e. Identifying ways to improve the emergency management capacity of the agency.
2. Assisting Support Agencies have specific capabilities or resources that complement the Primary Support Agency in delivering the relevant support function. The role of the Assisting Support Agencies can include:
 - a. Providing functional support for activities across the PPRR spectrum (this can include providing human or material resources for operations) when requested by a Primary Support Agency or an Emergency Coordination or Operations Centre.
 - b. Providing advice of progress to the Primary Support Agency / Management Authority.
 - c. Coordinating agency specific planning and preparation for performing functions in the short term, as well as over extended periods in partnership with Primary / other Assisting Support Agencies.
 - d. Identifying ways to improve the emergency management capacity of the agency.

- 5.2 Emergency management roles and responsibilities specific to each DHHS group and THO are described below. Although not an exhaustive list, it acts as a guide to focus emergency management efforts in order to enhance system-wide emergency management capabilities.

Note:

The DHHS departmental and service groups listed herein reflect the DHHS organisational structure at the time of publication and are subject to change.

DHHS Departmental Groups

Strategic Control, Workforce and Regulation

- 5.3 The primary role of Strategic Control, Workforce and Regulation is to ensure effective strategic processes are established and maintained across the health and human services system to provide efficient statewide service delivery.

Emergency Management Roles and Responsibilities

Prevention and Preparedness:

- a. Provide specialist advice on human resource management before, during and after an emergency including:
 - i. secondment and short-term contractual arrangements;
 - ii. remuneration;
 - iii. multi-agency and inter-jurisdictional support; and
 - iv. indemnity.

- b. Maintain the DHHS Emergency Management Staff Support Plan.
- c. Maintain and activate the DHHS Emergency Communications Processes and Procedures.
- d. Maintain active representation on the SHHSEC and its sub-committees as appropriate.
- e. Support the development of emergency management arrangements at the service level as required.
- f. Develop and maintain business continuity management arrangements.

Response and Recovery:

- g. Provide advice on the administration of financial assistance and cost recovery arrangements in accordance with the TRRA, the NDRRA, DHHS and government policy.
- h. Coordinate health and human service related emergency communications, public information and briefings.
- i. Follow the directions given by the State Health Commander.

System Purchasing and Performance

5.4 The primary role of System Purchasing and Performance is to consolidate a number of complementary functions across policy, planning, funding, monitoring and service improvement as well as providing principal support for the Secretary DHHS in establishing system-level priorities.

Emergency Management Roles and Responsibilities

Prevention and Preparedness:

- a. Coordinate statewide pharmaceutical support arrangements.

- b. Maintain active representation on the SHHSEC and its sub-committees as appropriate.
- c. Support the development of emergency management arrangements at the service level as required.
- d. Develop and maintain business continuity management arrangements.

Response and Recovery:

- e. Follow the directions given by the State Health Commander.

Shared Services

5.5 The primary role of Shared Services is to support DHHS groups and the THOs deliver effective health and human services.

Emergency Management Roles and Responsibilities

Prevention and Preparedness:

- a. Ensure that emergency management considerations (including infection control) are incorporated into the planning, design and construction of all new or refurbished / renovated DHHS and THO operated health and human service facilities.
- b. Maintain active representation on the SHHSEC and its sub-committees as appropriate.
- c. Support the development of emergency management arrangements at the service level as required.
- d. Develop and maintain business continuity management arrangements.

Response and Recovery:

- e. Follow the directions given by the State Health Commander.

DHHS Service Groups

Ambulance Tasmania

5.6 The primary role of AT is to provide integrated pre-hospital emergency and medical services, health transport, aero-medical and medical retrieval services to the Tasmanian community. In the event of a large scale emergency, AT is responsible for the onsite management of all health based response elements through a designated Ambulance Commander.

Emergency Management Roles and Responsibilities

Prevention and Preparedness

- a. Work with THOs, general practitioners, private health care providers, local government and non-government organisations to enhance emergency management capabilities.
- b. Maintain an independent emergency communications capability.
- c. Administer the AUSMAT database as appropriate.
- d. Plan and conduct exercises that practice, test and / or validate AT emergency management arrangements / capabilities.
- e. Maintain active representation on the SEMC and the SEMAG as appropriate.
- f. Maintain active representation on the SHHSEC and its sub-committees as appropriate.
- g. Develop and maintain operating procedures for an AT EOC or equivalent.
- h. Develop and maintain business continuity management arrangements.

Response and Recovery:

- i. Onsite medical management of casualties including:
 - i. triage;
 - ii. pre-hospital medical treatment;
 - iii. transportation (including aero-medical operations); and
 - iv. registration.
- j. Provide personnel with specialised response capabilities (e.g. technical rescue).
- k. Support Public Health emergency response operations.
- l. Raise and sustain operation of an AT EOC, or equivalent, as and when required.
- m. Follow the directions given by the State Health Commander.

Key Appointments

- 5.7 In response to an emergency, the CEO AT (or authorised delegate) will confirm the appointment of an Ambulance Commander who is responsible for:
- a. Coordinating the delivery of all medical capability at an emergency incident site.
 - b. Providing a conduit to the AT Incident Management Team.
 - c. Requesting additional support (e.g. personnel and equipment – including a MAT).
 - d. Coordinating the actions of any MAT, volunteer-based service providers (e.g. St John Ambulance) and medical volunteers (e.g. general practitioners).
 - e. Providing technical direction and advice.

Note:

Where an emergency is across a number of sites or over a large area, more than one Ambulance Commander may be appointed. Notwithstanding the need for a single command and control structure at an incident site, any on-site medical capability not directly delivered by AT (i.e. MAT, St John Ambulance) will operate under their own command and control arrangements but will report to the Ambulance Commander.

Other Operational Functions

Patient Transport

- 5.8 Patient transport services will be delivered by AT. The most appropriate means of casualty transportation will be based on patient categorisation and available assets. Where patient transfers are required, the relevant facilities will activate patient movement arrangements with AT.
- 5.9 The use of any medical evacuation capability will be coordinated by AT based on patient numbers, travel time, type of injuries / illness, available resources and any special needs. Where the need for aero-medical transport services is beyond current capacity, the Australian Government Attorney-General's Department will be requested to activate the Australian Medical Transport Coordination Group to coordinate the delivery of additional medical transportation resources.

Children and Youth Services

- 5.10 The primary role of Children and Youth Services (CYS) is to deliver, or support the delivery of, a range of services including child health and parenting, child protection, youth justice, family violence counselling and support, and adoption and out-of-home care. CYS provide an integral support capability for those children and families in need of social support as the result of an emergency.

Emergency Management Roles and Responsibilities

Prevention and Preparedness:

- a. Maintain active representation on the SHHSEC and its sub-committees as appropriate.
- b. Develop and maintain arrangements for the provision of relief services.
- c. Work with THOs, general practitioners, private health care providers, local government and non-government organisations to enhance emergency management capabilities.
- d. Maintain active representation on the State Recovery Sub-Committee of SEMAG and each Regional Social Recovery Committee as appropriate.
- e. Train and sustain a pool of CYS personnel capable of assisting with social recovery efforts.
- f. Develop and maintain operating procedures for a CYS EOC or equivalent.
- g. Develop and maintain business continuity management arrangements.

Response and Recovery:

- h. Coordinate immediate / short-term emergency care for children.
- i. Administer financial assistance (under the TRRA) for personal hardship and distress.
- j. Raise and sustain operation of a CYS EOC, or equivalent, as and when required.
- k. Follow the directions given by the State Health Commander.

Disability, Housing and Community Services

5.11 The primary role of Disability, Housing and Community Services (DHCS) is to provide a range of human services including policy, planning, reporting and contract management for disability and community services; community sector relations, and a range of social housing and homelessness programs.

Emergency Management Roles and Responsibilities

Prevention and Preparedness:

- a. Maintain active representation on the SHHSEC and its sub-committees as appropriate.
- b. Develop and maintain arrangements for the provision of relief services.
- c. Work with THOs, general practitioners, private health care providers, local government and non-government organisations to enhance emergency management capabilities.

- d. Train and sustain a pool of DHCS personnel capable of assisting with social recovery efforts.
- e. Maintain active representation on the State Recovery Sub-Committee of SEMAG and each Regional Social Recovery Committee as appropriate.
- f. Develop and maintain operating procedures for a DHCS EOC or equivalent.
- g. Develop and maintain business continuity management arrangements.

Response and Recovery:

- h. Coordinate the provision of emergency accommodation.
- i. Administer financial assistance (under the TRRA) for personal hardship and distress.
- j. Raise and sustain operation of a DHCS EOC, or equivalent, as and when required.
- k. Follow the directions given by the State Health Commander.

Population Health

5.12 The primary role of Population Health is to contribute to a wide range of health promotion and health protection initiatives as well as provide advice to the Minister on preventative health issues. The DPH is a statutory appointment and has a number of emergency powers under the *Public Health Act 1997*.

Emergency Management Roles and Responsibilities

Prevention and Preparedness:

- a. Maintain the Plan for the Delivery of Integrated Emergency Management within the Department of Health and Human Services and Tasmanian Health Organisations.
- b. Maintain the Tasmanian Public Health Emergencies Management Plan and the Tasmanian Mass Casualty Management Plan (as State Special Emergency Management Plans) and associated planning arrangements.
- c. Provide specialist advice on system-wide emergency management capability development and consequence management.
- d. Develop and maintain operating procedures for the DHHS ECC and Public Health EOC or equivalent.
- e. Develop and maintain a comprehensive communicable disease surveillance system, compatible with national arrangements.
- f. Assess and maintain arrangements for PPE holdings in accordance with the National Medical Stockpile and statewide arrangements.
- g. Administer the AUSMAT database as appropriate.
- h. Support and maintain DHHS, multi-agency and inter-governmental emergency management networks.
- i. Work with THOs, general practitioners, private health care providers, local government and non-government organisations to enhance emergency management capabilities.
- j. Chair the SHHSEC and mass casualty management and public health emergencies sub-committees of the SHHSEC.
- k. Maintain active representation on the SEMAG.
- l. Represent Tasmania at the AHPPC and NHEMSC.
- m. Support the coordination of emergency management exercises at the system-wide and multi-agency level.
- n. Plan and conduct exercises that practice, test and / or validate Population Health emergency management arrangements / capabilities.
- o. Facilitate system-wide emergency management training.
- p. Develop and maintain business continuity management arrangements.

Response and Recovery:

- q. Coordinate, facilitate and, where necessary, deliver public health measures in partnership with other government agencies, local government and non-government partners as required.
- r. Administer the emergency provisions of the *Public Health Act 1997*, *Poisons Act 1971*, *Food Act 2003*, *Radiation Protection Act 2005*, and the *Quarantine Act 1908* (Commonwealth).

- s. Raise and sustain operation of the DHHS ECC and / or Public Health EOC, or equivalent, as and when required.
- t. Provide public and environmental health advice in the event of an emergency as required.
- u. Follow the directions given by the State Health Commander.

Key Appointments

- 5.13 Where, in accordance with the TEMP, the DHHS is the Response Management Authority the Secretary DHHS will confirm the appointment of the DPH as the DHHS Incident Controller.
- 5.14 Where the DPH is not appointed as the DHHS Incident Controller or delegated authority as the State Health Commander, the DPH will assume the role of Public Health Commander and continue to support emergency response and recovery operations and execute all relevant statutory powers and functions invested in the DPH as appropriate.

Tasmanian Health Organisations

- 5.15 The primary role of each THO is to deliver high quality, efficient and integrated healthcare services in their area, through the public hospital system and primary and community health services (including mental health and oral health services) and to lead the coordination of social recovery services.
- 5.16 In accordance with this plan and notwithstanding the differences in regional arrangements and business processes, each THO has the same general emergency management roles and responsibilities.

Emergency Management Roles and Responsibilities

Prevention and Preparedness:

- a. Develop and maintain a suite of emergency management arrangements (including recovery) in accordance with legislated requirements, accreditation processes, and DHHS, Tasmanian and Australian government policy and planning requirements.
- b. Provide specialist advice on regional emergency management capability development and consequence management.
- c. Maintain active representation on the REMC and its sub-committees, the State Recovery Sub-Committee of SEMAG, and the SHHSEC and its sub-committees.
- d. Work with the DHHS, other THOs, general practitioners, private health care providers, local government and non-government organisations to enhance emergency management capabilities.
- e. Within available resources, raise, train and sustain a MAT capability with a capacity to mobilise and deploy at short notice.
- f. Administer the AUSMAT database as appropriate.
- g. Develop and maintain hazardous material and chemical, biological and radiological decontamination capabilities (at the hospital precinct).
- h. Develop and maintain operating procedures for a THO EOC or equivalent.
- i. Develop and maintain a repository of personal protective equipment to support THO emergency response operations.

- j. Assist coordinate pharmaceutical support arrangements.
- k. Appoint a Regional Social Recovery Coordinator authorised to function in accordance with the SSEMP for Recovery.
- l. Train and sustain a pool of THO personnel capable of assisting with social recovery efforts.
- m. Plan and conduct exercises that practice, test and / or validate THO emergency management arrangements / capabilities.
- n. Develop and maintain business continuity management arrangements.

Response and Recovery:

- o. Provide primary and acute health care services in response to an emergency.
- p. Raise and sustain operation of a THO EOC, or equivalent, as and when required.
- q. Provide specialist clinical assessment and intervention services for people with mental health issues or for those identified as requiring access to specialist care for psychological issues associated with an emergency.
- r. Support Public Health emergency response operations.
- s. Support mortuary arrangements and the delivery of forensic services to the Coroner.
- t. Lead, coordinate, facilitate and, where necessary, deliver social recovery services at a regional level in partnership with other government agencies, local government and non-government partners as required, and at the direction of the Regional Controller.
- u. Provide support to the coordination of immediate and longer term recovery planning and initiatives in partnership with other government agencies, local government and non-government partners as required.
- v. Follow the directions given by the State Health Commander.

Key Appointments

- 5.17 Each THO CEO is to confirm the appointment of a Regional Health Commander responsible for:
- a. Acting as the single point of contact with regard to THO emergency response operations.
 - b. Providing strategic leadership and coordination of the THO response to an emergency within regional boundaries.
 - c. Supporting the Response Management Authority Incident Controller, State Health Commander and / or Regional Emergency Management Controller as appropriate.
 - d. Providing advice to the Response Management Authority Incident Controller, State Health Commander, Regional Controller, THO CEO and / or DHHS SEMC / SEMAG members as required.
 - e. Facilitate the activation of the THO EOC (as required) to support emergency response operations in accordance with THO procedures.
 - f. Requesting system-wide support where the need is identified.

Note:

The appointment of a Regional Health Commander is a CEO approved, response focussed, and operational-based standing appointment, made prior to an emergency. Each THO has the flexibility to determine how they enact the appointment and to what degree the appointee is involved in emergency management policy and planning development and implementation. At a minimum, the appointee is expected to maintain a functional awareness and understanding of the emergency management roles and responsibilities performed and managed by a THO in accordance with this plan.

- 5.18 Each THO CEO may choose to appoint a Regional Medical Coordinator responsible for:
- a. maintaining core medical services within a region;
 - b. coordinating the receipt of casualties / patients within a region;
 - c. coordinating the decanting of casualties / patients within a region;
 - d. providing a point of medical liaison for THO operated clinical facilities, and the Private Hospital and General Practice sectors, within a region; and
 - e. providing technical, clinical and consequence management advice (including for a public health emergency).
- 5.19 In accordance with the SSEMP for Recovery, each THO CEO is to confirm the appointment of a Regional Social Recovery Coordinator (RSRC). The RSRC is responsible for:
- a. Coordinating the development and maintenance of a social recovery capability within a region.
 - b. Coordinating a range of services to support the emotional, social and physical well-being of emergency affected people.
 - c. Providing support to any Affected Area Recovery Committee or Recovery Task Force established within a region.
 - d. Maintaining a state of preparedness and enhanced capacity through development of local resilience and the facilitation of skills training and exercises.
 - e. Coordinating resources to meet the commitment of the DHHS and THOs undertaken in regional and local government recovery plans.
 - f. Ensuring liaison with a Regional Emergency Coordination Centre and Regional Fire Operations Centre.
 - g. Providing strategic and consequence management advice to the Regional Controller and / or Response Management Authority Incident Controller, Regional Health Commander, State Health Commander, THO CEO and Human Services sector area managers as appropriate.
 - h. Developing and maintaining partnerships in a collaborative approach with other government agencies, local government and non-government organisations.
 - i. Communicating social recovery arrangements to the broader community.
 - j. Providing reports and advice on social recovery issues as a result of an emergency event.
 - k. Chairing the Regional Social Recovery Committee of a Regional Emergency Management Committee.

Other Operational Functions

Medical Assistance Teams

- 5.20 MAT are responsible for performing complex medical procedures and administering drug therapy that is beyond the scope of paramedics as well as supporting the on-going delivery of paramedical services. A MAT may also be deployed to support local health services which may be overwhelmed or inoperable as a result of an emergency, with the aim to minimise the need for those with minor injuries or ailments needing to be transported to a major hospital.
- 5.21 When a MAT is deployed to an incident site the designated MAT Leader will report to the Ambulance Commander. The composition of a MAT will vary, subject to staffing levels and other resource availability, but should consist of appropriately trained and experienced medical practitioners and nurses from relevant specialist disciplines (e.g. emergency medicine, anaesthesiology, surgical etc), and public health and allied health professionals as appropriate.
- 5.22 Where a medical assistance capability is required at a national or international level, this will be implemented through the nationally coordinated AUSMAT program. To be eligible for AUSMAT selection, potential team members must have completed prescribed training and be registered on the AUSMAT database.

Management of Deceased Persons

- 5.23 The management of deceased persons, including accurate identification through disaster victim identification arrangements, notifying the next of kin, and movement for further forensic purposes is coordinated by TASPOL. The arrangements for coronial services are described in the SSEMP for Coronial Services, which is maintained by the Department of Justice. Statewide Forensic Medical Services will support the delivery of forensic services to the Coroner by assisting in performing coronial autopsies on multiple fatalities as and when necessary. Where required, THOs are to augment existing mortuary capacity through temporary facilities and / or liaison with private sector providers.

Section 6 – Plan Administration

- 6.1 This plan is written and maintained by the Emergency Preparedness and Coordination Unit within the Office of the Chief Medical Officer. The maintenance of all enabling and associated arrangements rests with the responsible DHHS group or THO. Feedback regarding this plan can be made in writing to:
Email: emergency.management@dhhs.tas.gov.au

Review

- 6.2 This plan will be reviewed on a two-yearly basis or:
- At the conclusion of an emergency in which multiple arrangements described in this plan were activated.
 - On the introduction of any major organisational reform, legislative changes or planning reviews that affect the DHHS and THOs or their stakeholders.

Distribution

- 6.3 This plan is available electronically on the DHHS Strategic Document Management System and the Emergency Preparedness and Coordination website <https://healthnetworks.dhhs.tas.gov.au>. The electronic copy is the master copy and, as such, is the only copy recognised as current. Out-dated versions should be destroyed, or clearly marked as superseded and removed from general circulation.

Consultation

- 6.4 The review of this plan included three-rounds of general consultation and multiple rounds of targeted consultation over the period October 2012 – August 2013. Prior to approval and sign-off by the Secretary DHHS and Chair THO Governing Councils, this plan was endorsed by the State Health and Human Services Emergency Committee, the Health Leaders Forum and the Departmental Executive.

Validation

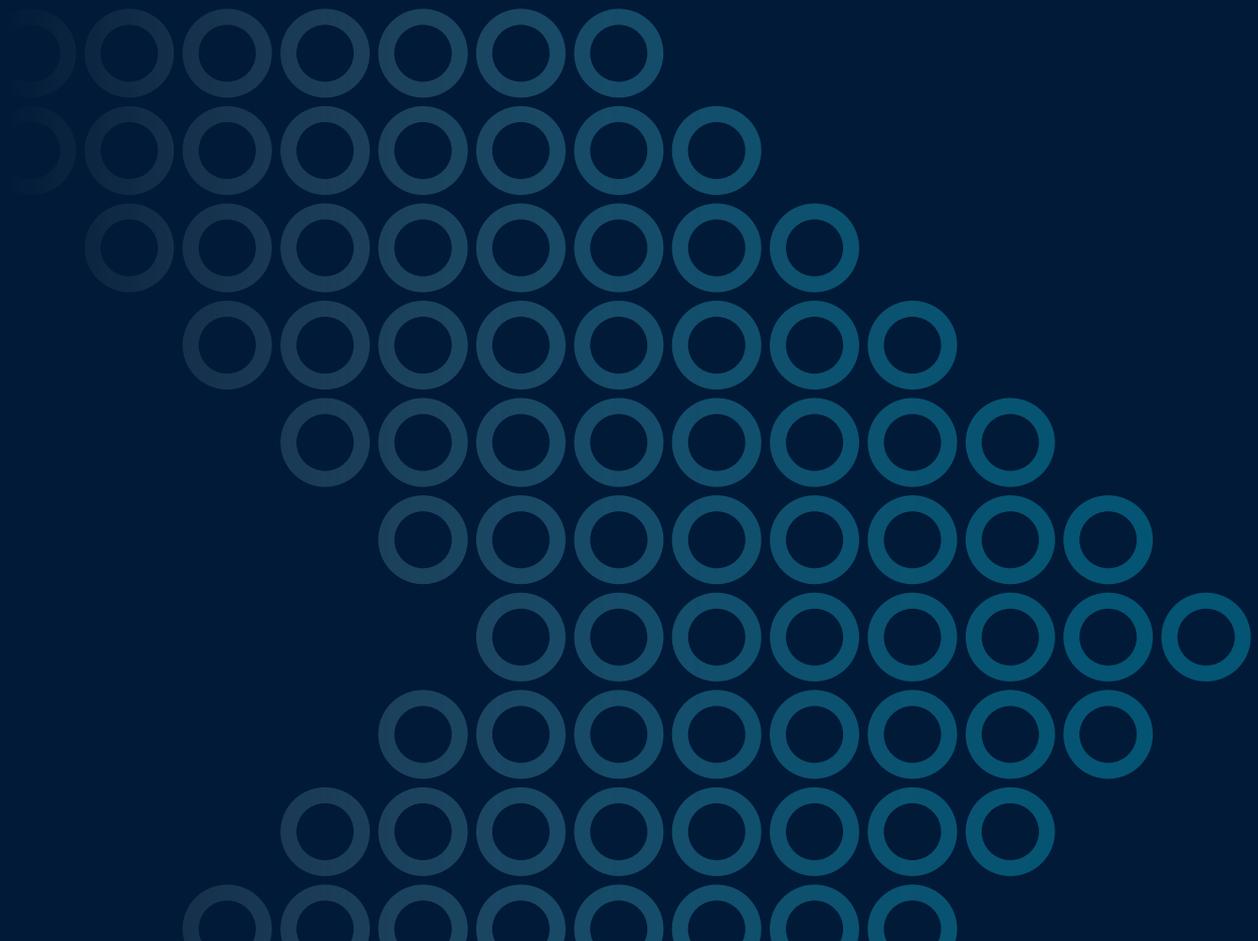
- 6.5 Selected arrangements described in this plan will be validated within the two-year review cycle by participating in system-wide and multi-agency level exercises and post emergency debriefs.

Annex A – Guidelines

The guidelines below provide a framework to assist DHHS groups and THOs in ensuring the practical application of emergency management arrangements for planning, knowledge and skills, response and recovery capability, evaluation, and staff support.

Criteria:	Principle:	Outcome:	Evidenced by:
Planning	<p>Is aligned with system-wide, Regional, State and Commonwealth plans as appropriate.</p> <p>Clearly describes roles and responsibilities.</p> <p>Reviewed every two-years.</p> <p>Based on risk management principles.</p> <p>Incorporates business continuity management principles.</p> <p>Distributed to all stakeholders.</p> <p>Includes processes for sustaining human resource capabilities.</p> <p>Includes threshold levels and triggers for standby, response and stand-down.</p> <p>Includes provisions for education and training.</p>	<p>DHHS groups and the THOs maintain plans in support of this plan and all major sub and associated plans (e.g. SSEMP).</p> <p>Risk management practices are in accordance with Agency policy.</p> <p>Business continuity management practices are in accordance with Agency policy.</p>	<p>Approved through DHHS group or THO emergency management governance processes.</p> <p>Uploaded to the DHHS Emergency Preparedness and Coordination and / or DHHS Group or THO website.</p>
Knowledge and Skills	<p>Relevant staff are trained in emergency management.</p> <p>All staff have a general understanding of principal emergency management planning documentation.</p> <p>Relevant staff participate in emergency management training, validation and assessment programs.</p>	<p>Emergency management training and education is supported by DHHS group and THO executives.</p> <p>Understanding of planning documentation measured during collective evaluation.</p>	<p>DHHS group and THOs maintain details of staff attendance at emergency management training courses.</p>
Response and Recovery Capability	<p>Evaluated every two-years against assigned emergency management roles and responsibilities.</p> <p>Assessment recommendations are reviewed by DHHS group or THO executives and actioned as a matter of priority.</p>	<p>Collective capability is evaluated as part of an Agency or multi-agency exercise.</p> <p>Evaluation should include:</p> <ul style="list-style-type: none"> • reaction to notification; • passage of information; • command and control; • use of resources; • contingency planning; and • support to recovery. 	<p>Assessment and evaluation reports maintained by DHHS group or THO executives.</p>

Criteria:	Principle:	Outcome:	Evidenced by:
Evaluation	<p>Peer group review:</p> <ul style="list-style-type: none"> • An ongoing process. • DHHS group and THO executives are responsible for general preparedness, and capacity to support response and recovery efforts. <p>Following an emergency event:</p> <ul style="list-style-type: none"> • A formal debrief is conducted. • Strengths and weaknesses are identified and the requirement to revise / amend arrangements is agreed. 	<p>Evaluation is to be conducted every two years.</p> <p>If required, outcomes are to be reflected in changes to DHHS group and / or THO response procedures and / or system-wide arrangements.</p> <p>Debrief can be conducted as part of a single and / or multi-agency review processes.</p>	<p>Evaluation reports tabled in accordance with DHHS group or THO emergency management governance processes.</p>
Staff support	<p>The provision of personal support is afforded to DHHS and THO staff involved in response and recovery actions.</p>	<p>All response arrangements must meet workplace health and safety and duty of care requirements.</p>	<p>Staff support arrangements included in planning documents.</p>





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