

Department of Health and Human Services



# Emergency Management Plan

June 2011





# Contents

<b>Foreword</b>	<b>5</b>
<b>Glossary of Terms</b>	<b>6</b>
<b>Acronyms</b>	<b>11</b>
<b>Section 1 – Overview</b>	<b>13</b>
Authority	13
Aim	13
Objectives	13
Context Statement	13
Scope and Application	14
Supporting Plans	14
Emergency Management Concepts and Principles	14
<b>Section 2 – Governance and Management</b>	<b>16</b>
Tasmanian Emergency Management Framework	16
Ministerial Committee	16
The State Emergency Management Committee (SEMC)	16
The Security and Emergency Management Advisory Group (SEMAG)	16
Legal Arrangements	16
DHHS Emergency Management Framework	17
Corporate Governance	17
The State Health and Human Services Emergency Committee (SHHSEC)	18
Mass Casualty Management Sub-Committee (MCMSC)	18
Public Health Emergencies Sub-Committee (PHESC)	18
Community Recovery Sub-Committee (CRSC)	19
Executive Reporting	19
<b>Section 3 – Planning</b>	<b>20</b>
Planning Intent	20
Planning Documents	20
DHHS Emergency Management Planning Framework	23
<b>Section 4 – Emergency Management Arrangements</b>	<b>26</b>
DHHS Emergency Management Roles and Responsibilities	26
Standards and Conditions	28
<b>Section 4.1 – Prevention and Mitigation</b>	<b>31</b>
Overview	31
Research	31
Operational Activities	31
Community Education and Awareness	31
Risk Management	32
Business Continuity Management	34

<b>Section 4.2 – Preparedness</b>	<b>35</b>
Security Risk Management and Critical Health Infrastructure Protection	35
Emergency Coordination and Support Arrangements	37
Resource Sharing and Coordination	38
Telecommunications	38
Training and Education	39
Knowledge Transfer	39
Financial Administration	39
<b>Section 4.3 – Response</b>	<b>40</b>
Overview	40
Command, Control and Coordination	40
DHHS Incident Controller	41
DHHS Administered Legislation	41
Emergency Powers	42
Notifications	42
Communications	43
Activation and Escalation of Response Arrangements	44
Stages of Escalation	46
Incident Action Plan	47
External Support Arrangements	48
<b>Section 4.4 – Recovery</b>	<b>50</b>
Overview	50
Community Recovery Considerations	50
Anticipated Consequences	51
<b>Section 4.5 – Roles and Responsibilities</b>	<b>52</b>
Departmental Business Units	52
Operational Business Units	56
<b>Section 5 – Plan Administration</b>	<b>62</b>
Overview	62
Primary Contact	62
Review Requirements and Issue History	62
Distribution List	63
Consultation	63
Communications Summary	63
Validation of this Plan	63
<b>Section 6 – Annexes</b>	<b>65</b>
Associated Documents	65

# Foreword

The *Department of Health and Human Services Emergency Management Plan* replaces the *DHHS Emergency Management Protocols*. This plan has been developed as the peak Agency document to describe the health and human service-based emergency prevention and mitigation, preparedness, response and recovery roles and responsibilities performed by the Department of Health and Human Services (DHHS) in accordance with the *Tasmanian Emergency Management Plan*, the peak emergency management planning document in Tasmania.

The intent of this plan is to ensure the DHHS is positioned to deliver the best possible health and human services to the Tasmanian community in the event of an emergency in the context of current and emerging service delivery frameworks. As a consequence, this plan promotes emergency management as a core business activity for the DHHS.

The health and human services delivered by the DHHS are an integral component of Tasmanian emergency management arrangements and the DHHS is, and always will be, a key stakeholder in the Tasmanian emergency management sector. This plan provides an important resource to assist DHHS Business Units and their emergency management partners enhance their emergency management capabilities.

I commend this plan and promote its implementation across the Agency.



Alice Burchill

**Secretary**

Department of Health and Human Services

June 2011

# Glossary of Terms

The table below lists the terms that are defined specifically for Tasmanian health and human service sector emergency management. These are in addition to the terms defined in the *Emergency Management Act 2006* and the Tasmanian Emergency Management Plan, and have been developed to incorporate current jurisdictional and national (health and human service-based) emergency management terminology and concepts.

Term	In the context of this plan this term means:
Advisory Agency	Government Agency responsible to the State Emergency Management Committee for providing advice on the adequacy of Tasmanian prevention and mitigation, preparedness response and recovery (PPRR) arrangements for identified hazards.
Ambulance Tasmania	Provides statewide emergency ambulance care, medical retrieval and transport and coordinates other providers of road ambulance services as well as fixed and rotary wing aero-medical services.
Area Health Service	The grouping of service delivery elements of the Department of Health and Human Services. Tasmania's three Area Health Services are located in the South, North and North West of the State.
Australian Health Protection 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, mass casualty treatment capability which is based on agreed structures, equipment and deployability requirements. Tasmania currently maintains an AUSMAT partnership with Victoria, in common with other jurisdictional AUSMAT partnership arrangements. Tasmania's current AUSMAT capability is at Level 4, in that it is able to provide individual support only.
Business Continuity Management	A management process that identifies potential impacts that threaten an organisation and provides a framework for building resilience and arrangements that enable the maintenance of critical business functions.
Business Impact Analysis	A process that identifies critical business functions and provides the detail required to inform appropriate business continuity strategies.
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).
Capacity	The extent to which a capability can be applied to a particular task or function.
Command	The internal direction of an organisation's resources in an emergency.
Comprehensive Approach	A way of thinking about emergency management by considering PPRR aspects of emergencies and their consequences.

Term	In the context of this plan this term means:
Control	The overall direction and management of emergency response / recovery activities. The authority for control can be established in legislation or in an emergency plan and includes tasking and coordinating another organisation's resources to meet the needs of the situation (i.e. control can operate horizontally across organisations).
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 an organisation (as a function of control).
Critical Infrastructure	Those physical facilities, supply chains, information technologies and communication networks which, if destroyed, degraded or rendered unavailable for an extended period, would significantly impact on the social or economic well-being of the nation, or affect Australia's ability to conduct national defence and ensure national security.
Department of Health and Human Services Incident Controller	A senior officer appointed by the Secretary, DHHS who is responsible for leading the DHHS response to an emergency and for providing advice to the State Emergency Management Controller and the State Emergency Management Committee as required.
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.
Emergency Coordination Centre	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 Emergency Coordination Centre will be the central point within the DHHS for strategic consequence management of a mass casualty incident or major public health emergency. Emergency Coordination Centres may be activated by other response agencies as required.
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	Any facility or location where an identified group or team meets to give direction to strategic operations in response to an emergency. This includes the acquisition and allocation of health resources as required. One or more DHHS operational units may activate an Emergency Operations Centre as required.

Term	In the context of this plan this term means:
Emergo Train	An exercise simulation system comprising a kit of magnetic symbols representing resources (patients and related clinical data, staff and equipment) used on white boards against an exercise scenario to train and test the preparedness for and response to major incidents and disasters.
Environment	Includes the following components: land, air and water; organic matter and inorganic matter; living organisms; human-made or modified structures and areas; interacting natural ecosystems; and, all other components of earth.
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	A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
Incident Management System	A response management system for resolving emergencies in a coordinated and interoperable manner.
Interoperability	The capacity for organisations to work together in a compatible, efficient and effective way.
Liaison Officer	A person nominated to represent the Agency's strategic interests in response to a mass casualty incident or major public health emergency. Liaison Officers provide advice about the Agency's resources, response structures and capabilities, and act as a conduit for information. They may also be authorised to commit Agency resources as appropriate.
Management Authority	The organisation responsible for providing guidance on aspects of comprehensive emergency management. This responsibility is often established in legislation and undertaken in partnership with other organisations.
Mass Casualty Incident	An incident that results in a significant number of casualties, which may have the potential to overwhelm Area Health Service response resources.
Medical Assistance Team	A pre-identified, trained and appropriately equipped medical response group, coordinated by Area Health Services, 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. May also support augmentation of an AUSMAT.
Multi-Casualty Incident	In the context of an operational response by Ambulance Tasmania, a Multi-Casualty Incident occurs when the number of casualties exceeds the Service's capacity to immediately manage using a normal operational approach while maintaining minimum essential coverage.

<b>Term</b>	<b>In the context of this plan this term means:</b>
Office of the Chief Health Officer	A group within the DHHS with responsibility for emergency preparedness and coordination, policy advice and maintenance of selected emergency 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.
Public Health Emergency Operations Centre	The Emergency Operations Centre raised, as required, to give direction to the strategic and operational response to a public health emergency.
Recovery	The coordinated process of supporting emergency-affected communities in the reconstruction of the physical infrastructure and restoration of emotional, social, economic and physical wellbeing. Recovery includes the following four elements: psycho-social; infrastructure; economic; and environmental.
Regional Medical Coordinator	A suitably qualified and experienced person appointed by the Area Health Service Executive to coordinate the delivery of medical services within an Area Health Service.
Resilience	The capacity to cope with the impact of an emergency and manage in an uncertain and challenging environment.
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.
Security and Emergency Management Advisory Group	A sub-committee of the State Emergency Management Committee tasked with providing strategic policy advice on the implementation and oversight of emergency management activities in Tasmania. Co-chaired by the Deputy Secretary, Department of Premier and Cabinet and the Deputy Commissioner of Tasmania Police.
Standard Operating Procedures	An agreed set of response or reporting procedures designed to achieve commonality of function and standardised outcome in terms of action or communication.

Term	In the context of this plan this term means:
State Crisis Centre	A location from where whole-of-government emergency management policy and strategy is coordinated during response operations and / or exercises.
State Emergency Management Committee	The primary functions of the State Emergency Management Committee are to institute and coordinate emergency management arrangements in Tasmania, coordinate the management of emergencies that affect more than one region or as considered appropriate, and identify and promote opportunities for improvement in emergency management. Chaired by the Commissioner of Tasmania Police.
State Emergency Service	A branch of the Department of Police and Emergency Management that provides whole-of-government advice and executive support to the State Emergency Management Committee and Regional Emergency Management Planning Groups, as well as leading much of the State's emergency management planning and emergency risk management work. The State Emergency Service also provides a volunteer response capability for severe storms and floods, road crash rescue, search and rescue / recovery and a range of other general rescue and community support roles.
State Health and Human Services Emergency Committee	A specialist advisory committee of the State Emergency Management Committee responsible for the provision of advice on health related emergency management issues, and monitoring and supporting development, revision and implementation of emergency management measures across the Tasmanian health and human services sector.
State Special Plans	Plans maintained by Tasmanian Government Agencies, on behalf of the State Emergency Management Committee, dealing with the management arrangements for a particular hazard.
Support Agency	Organisations that are responsible for maintaining, or maintaining access to, specific functional capabilities as agreed with Management Authorities. Support Agencies command their own resources in coordination with the Management Authority, as required.
Tasmanian Health and Human Services Sector	Elements of the DHHS, the private sector (e.g. private medical practitioners, including General Practice) and others who may be available to support an integrated health and human service response.

# Acronyms

The table below lists the acronyms that are commonly used in this plan and across the Tasmanian health and human services sector:

Acronym	Stands for:
AEMI	Australian Emergency Management Institute
AGD	Attorney-Generals Department (Australian Government)
AHMPPI	Australian Health Management Plan for Pandemic Influenza
AHPC	Australian Health Protection Committee
AHS	Area Health Service
AT	Ambulance Tasmania
ATMCIP	Ambulance Tasmania Multi-Casualty Incident Plan
ATSCC	Ambulance Tasmania State Communications Centre
AUSMAT	Australian Medical Assistance Team
AUSTRAPLAN	The Australian Government Domestic Response Plan for Mass Casualty Incidents of National Consequence
CEO	Chief Executive Officer
CHO	Chief Health Officer
COMDISPLAN	The Australian Government Disaster Response Plan
CRSC	Community Recovery Sub-Committee
CTU	Counter-terrorism Unit
DE	DHHS Departmental Executive Board
DHHS	Department of Health and Human Services
DoHA	Department of Health and Ageing (Australian Government)
DoJ	Department of Justice
DPAC	Department of Premier and Cabinet
DPEM	Department of Police and Emergency Management
DPH	Director of Public Health
DVI	Disaster Victim Identification
ECC	Emergency Coordination Centre
EMA	Emergency Management Australia
EOC	Emergency Operations Centre
IAP	Incident Action Plan
LGH	Launceston General Hospital
MAT	Medical Assistance Team/s

Acronym	Stands for:
MCH	Mersey Community Hospital
MCI	Mass Casualty Incident
MCMSC	Mass Casualty Management Sub-Committee
NAHS	Northern Area Health Service
NAPHIP	National Action Plan for Human Influenza Pandemic
NCTP	National CounterTerrorism Plan
NHERA	National Health Emergency Response Arrangements
NWAHS	North West Area Health Service
NWRH	North West Regional Hospital
OCHO	Office of the Chief Health Officer
OSMASSCASPLAN	The Australian Government National Response Plan for Mass Casualty Incidents involving Australians Overseas
PHESC	Public Health Emergencies Sub-Committee
PoH	Population Health
PPE	Personal Protective Equipment
PPRR	Prevention and Mitigation, Preparedness, Response, and Recovery
RCRC	Regional Community Recovery Coordinator
REMC	Regional Emergency Management Committee
RHH	Royal Hobart Hospital
RMC	Regional Medical Coordinator
SCC	State Crisis Centre
SEMAG	Security and Emergency Management Advisory Group
SEMC	State Emergency Management Committee
SES	State Emergency Service
SHHSEC	State Health and Human Services Emergency Committee
SOP	Standard Operating Procedure/s
SPS	DHHS Strategic and Portfolio Services
SSP	State Special Plan/s
STAHS	Southern Tasmania Area Health Service
TAPHIP	Tasmanian Action Plan for Human Influenza Pandemic
TASPOL	Tasmania Police
TEMP	Tasmanian Emergency Management Plan
TFS	Tasmania Fire Service
TMCMP	Tasmanian Mass Casualty Management Plan
TPHEMP	Tasmanian Public Health Emergencies Management Plan
TRP	Tasmanian Recovery Plan

# Section I – Overview

## Authority

1.1 This plan and the arrangements described herein are approved by the Departmental Executive Board (DE) under the authority of the Secretary, DHHS.

## Aim

1.2 The aim of the *DHHS Emergency Management Plan* (the Plan) is to describe the current health and human service-based emergency prevention and mitigation, preparedness, response, and recovery (PPRR) functions performed and managed by the DHHS in accordance with the Tasmanian Emergency Management Plan (TEMP) and relevant national level plans relating to emergency operations of the health and human services sector.

## Objectives

- 1.3 The objectives of the Plan are as follows:
- a. Promote emergency prevention and mitigation, preparedness, response and recovery as core business activities for the DHHS.
  - b. Describe the context of DHHS emergency PPRR.
  - c. Outline DHHS emergency management arrangements and how the DHHS meets its responsibilities under the TEMP.
  - d. Define minimum planning standards and conditions.
  - e. Promote an integrated and whole-of-agency emergency management effect based on best-practice.
  - f. Support on-going development, implementation and sustainment of a whole-of-agency emergency management framework based on an integrated policy, planning and corporate governance model.

## Context Statement

1.4 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 and man-made hazards that may produce an emergency. In order to achieve a multi-sector approach to proactive emergency PPRR, all areas of the DHHS require a general understanding of emergency roles, responsibilities and effective coordination. The DHHS primarily concerns itself with the consequences of two broad types of emergencies – mass casualty and public health, including the psycho-social recovery aspects associated with both. The Agency also has significant involvement in the planning, coordination and delivery of the health and human service elements of community recovery that may arise following any type of emergency.

1.5 The DHHS provides a wide-range of preventative, primary and acute health and human services to the Tasmanian Community. A number of these services may be classed as 'emergency services' and are delivered in accordance with normal business arrangements, operating procedures, resource levels, and community expectations. When an emergency occurs that is beyond the capacity of existing Agency resources (human and / or material), special arrangements are required in order to best respond under the given circumstances. This plan describes the DHHS framework for emergency PPRR actions performed across the Agency against a series of standards and conditions in order to deliver the best possible health emergency management outcomes.

## Scope and Application

1.6 Wherever possible, the arrangements described in this plan are based on existing policies, plans, and procedures so as to aid 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 that encompasses all PPRR elements.

1.7 A fundamental premise underpinning these arrangements, with particular application to the acute and public and environmental health sectors, is that Tasmania's health and human services system frequently operates at, or near capacity. Therefore, it is recognised that overall response capacity is shaped by existing priorities of need and the ability to concurrently respond to an emergency that competes for existing resources.

## Supporting Plans

1.8 The Plan will be supported by a series of enabling sub plans and associated arrangements to be developed and maintained by DHHS Business Units (Table 3.1 refers). Together, these plans will assist those who manage (or support) the health and human services sector response to and recovery from an emergency with health consequences, as well as those responsible for developing health emergency management policies, plans and procedures. The Plan will also be a resource for a wide range of Agencies and organisations with responsibilities for emergency management under the TEMP as it provides a consolidated reference as to how the DHHS executes its emergency management roles and responsibilities.

## Emergency Management Concepts and Principles

1.9 In accordance with contemporary emergency management concepts and principles, 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. They also promote a comprehensive and integrated approach to the development of supporting arrangements and programs to manage the health consequences of an emergency. The Plan recognises that dealing with the health risks to the community requires a range of PPRR measures that are integrated and which ensure that Agency delivered health and human 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.

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<sup>1</sup> See: Emergency Management in Australia - Concepts and Principles

1.10 The key principles that underpin this plan are:

- a. Emergency prevention and mitigation, preparedness, response and recovery are core business activities for the DHHS.
- b. Clearly understood emergency roles and responsibilities are to be confirmed in regularly reviewed policies and plans.
- c. Integration and cooperation between Business Units at the whole-of-agency level is essential to achieving emergency related outcomes.
- d. Development of relevant and evidence-based enabling plans at the Business Unit level are required to confirm the PPRR capability that is required to support the intent of this whole-of-agency plan.

**Note:**

*Acts of terrorism, including those in New York in September 2001, Bali in October 2002, and London in July 2005, and natural disasters including the Banda Aceh Tsunami in December 2004, the Victorian bushfires in February 2009, the Queensland floods in January 2011, and the Christchurch earthquake in February 2011 have seen the focus on counter-terrorism and natural disaster preparedness increase at the local, regional, jurisdictional, national and international level and the importance of emergency management arrangements amplified. In accordance with growing community expectations regarding emergency preparedness, the DHHS is required to continually develop and enhance its emergency management capability. To enable this process, emergency PPRR arrangements must be acknowledged and developed at all levels across the Agency as core business activities.*

# Section 2

## Governance and Management

### Tasmanian Emergency Management Framework

2.1 In the context of emergency management, the role of government at all levels (Australian, State and Municipal) is to work in partnership to improve community resilience and achieve safer, sustainable communities through robust emergency management arrangements. The TEMP describes how the Tasmanian Emergency Management Framework operates at a State, Regional and Municipal level. Emergency management activities at each level are overseen by emergency management committees and associated sub-committees. Details of the principal committees at the whole-of-government level and legal arrangements follow.

### Ministerial Committee

2.2 Convened by the Premier, as required, to consider emergency management issues that have escalated to a state level, or which require whole-of-state coordination.

### The State Emergency Management Committee (SEMC)

2.3 Chaired by the State Emergency Management Controller (Commissioner of Tasmania Police [TASPOL]), the primary functions of the SEMC are to institute and coordinate emergency management arrangements in Tasmania, coordinate the management of emergencies that affect more than one region or as considered appropriate, and identify and promote opportunities for improvement in emergency management.

### The Security and Emergency Management Advisory Group (SEMAG)

2.4 Co-chaired by the Deputy Secretary, Department of Premier and Cabinet (DPAC) and the Deputy Commissioner of TASPOL, the SEMAG is a sub-committee of the SEMC tasked with providing strategic policy advice on the implementation and oversight of emergency management activities in Tasmania.

### Legal Arrangements

2.5 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.

## DHHS Emergency Management Framework

2.6 The DHHS is responsible for the delivery of integrated health and human services that maintain and improve the health and wellbeing of individuals and the Tasmanian community as a whole.

2.7 The DHHS currently operates on two functional levels: departmental and operational. At the departmental level, high-level emergency management policy development, planning and liaison is coordinated through the Office of the Chief Health Officer (OCHO), including representation on the Australian Health Protection Committee (AHPC) and the Community and Disability Services Ministers' Advisory Council – Community Services Disaster Recovery Sub Committee.

2.8 At the operational level, Business Units, including each Area Health Service (AHS) and Ambulance Tasmania (AT), are represented at multiple levels within the Tasmanian Emergency Management Framework, including the SEMAG and each Regional Emergency Management Committee.

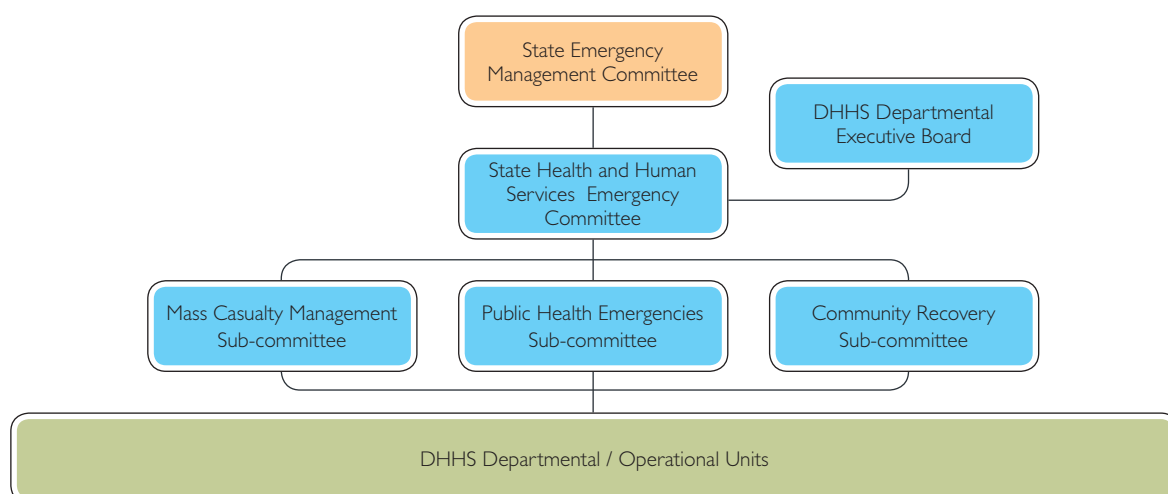
### Note:

*Given the size and complexity of the Agency, the DHHS requires the flexibility to organise itself to meet the changing needs of the Tasmanian community. The Agency is currently subject to a major national health reform that will see significant changes to the management of the public hospital system, primary care, aged care, disability services, and mental health services. Notwithstanding this and irrespective of current and future service delivery frameworks, the importance of emergency management remains constant, as does the requirement to ensure effective emergency PPRR arrangements exist across all DHHS Business Units.*

## Corporate Governance

2.9 DHHS emergency management activities are overseen by the State Health and Human Services Emergency Committee and its three sub-committees. The DHHS emergency management corporate governance framework is represented at Figure 2.1.

Figure 2.1 – DHHS Emergency Management Corporate Governance Framework:



## The State Health and Human Services Emergency Committee (SHHSEC)

2.10 The SHHSEC is a specialist advisory committee of the SEMC. The principal role of the SHHSEC is to advise the SEMC on health and human services related emergency management issues. Another core function is to monitor and support development, revision and implementation of emergency management arrangements across the Tasmanian health and human services sector. The SHHSEC is chaired by the Chief Health Officer (CHO).

## Mass Casualty Management Sub-Committee (MCMSC)

2.11 The purpose of the MCMSC is to consider Tasmanian mass casualty management arrangements in the context of PPRR and provide specialist advice to the SHHSEC on regional and whole-of-agency capability developments as appropriate. Principal functions include, but are not limited to:

- a. maintaining and reviewing the Tasmanian Mass Casualty Management Plan (as a State Special Plan);
- b. supporting the development, implementation and maintenance of enabling sub plans and associated mass casualty PPRR arrangements;
- c. supporting the development and sustainment of Medical Assistance Team capabilities at a regional and statewide level; and
- d. supporting the coordination of mass casualty management based exercises and training at a regional and statewide level.

2.12 The MCMSC is chaired by the Emergency Management Advisory Officer from the OCHO.

## Public Health Emergencies Sub-Committee (PHESC)

2.13 The purpose of the PHESC is to consider Tasmanian public health emergency management arrangements in the context of PPRR and provide specialist advice to the SHHSEC on regional and whole-of-agency capability developments as appropriate. Principal functions include, but are not limited to:

- a. maintaining and reviewing the Tasmanian Public Health Emergencies Management Plan (as a State Special Plan);
- b. supporting the development and maintenance of enabling associate plans and related public health emergency PPRR arrangements, through information, advice and coordination;
- c. supporting the coordination of public health emergency management based exercises and training at a regional and statewide level; and
- d. being prepared to support the Director of Public Health when appointed as the DHHS Incident Controller for a public health emergency.

2.14 The PHESC is chaired by the Deputy Director of Public Health.

## Community Recovery Sub-Committee (CRSC)

2.15 The purpose of the CRSC is to establish a network to guide development and maintenance of DHHS community recovery capability in accordance with the Agency's responsibilities as outlined in the TEMP and the Tasmanian Recovery Plan. Principal functions include, but are not limited to:

- a. providing advice on the human, social and community aspects of recovery and contributing, as appropriate, on all elements of recovery and emergency management;
- b. coordinating participation in community recovery activities including training and professional development, planning and resource materials, and exercises;
- c. supporting and participating in the development of functional networks as appropriate, ensuring community recovery partnerships and arrangements are strengthened at a regional state level; and
- d. providing advice and support to an Affected Area Community Recovery Committee or a State level Community Recovery Task Force as required.

2.16 The CRSC is chaired by the Coordinator Community Recovery Preparedness from the OCHO.

## Executive Reporting

2.17 In addition to the emergency management corporate governance framework described above, each DHHS Business Unit executive is responsible for establishing its own internal processes that ensure emergency PPRR activities undertaken by the Business Unit are formally reviewed on an annual basis, or after a major emergency. At a minimum, this review should cover:

- a. Confirmation of emergency PPRR responsibilities at the Business Unit level and in the context of this plan.
- b. Status and currency of Business Unit level emergency management plans, including but not limited to:
  - i. emergency PPRR arrangements;
  - ii. business continuity management arrangements; and
  - iii. Business Unit Emergency Operations Centre Operating Procedures.
- c. Training and education, validation and assessment activities, including but not limited to:
  - i. professional development; and
  - ii. exercises.
- d. Emergency management sector engagement (as applicable) at the:
  - i. local;
  - ii. whole-of-agency;
  - iii. inter-agency;
  - iv. jurisdictional; and
  - v. national level.

# Section 3 – Planning

## Planning Intent

3.1 The intent of this plan (and all supporting sub plans and associated arrangements) is to ensure that:  
*the DHHS is positioned to effectively meet the health and human service needs of the community during an emergency in an appropriate and sustainable manner and within the context of the Tasmanian Emergency Management Framework.*

3.2 The Plan provides policy and planning direction for the development and refinement of an integrated emergency management framework across the Agency. The framework will be built on existing policies, plans and procedures, and will seek to optimise the Agency's baseline capacity to respond to and manage the health consequences of an emergency.

## Planning Documents

3.3 A range of planning documents directly support or are associated with the arrangements described in this plan. For a consolidated list see Annexe 6.

## Australian Government Plans

3.4 The following Australian Government plans have a direct relationship to the emergency management functions performed by the DHHS:

### *National Health Emergency Response Arrangements (NHERA)*

3.5 The NHERA inform and guide a coordinated Australian health sector response to, and recovery from, emergencies of national consequence. They also provide a strategic planning framework to guide future revisions of existing health sector emergency plans.

### *The Australian Government Disaster Response Plan (COMDISPLAN)*

3.6 The COMDISPLAN provides the framework for addressing jurisdictional requests for Australian Government physical assistance when the total response resources (government, community and commercial) of an affected jurisdiction can no longer manage, are overwhelmed or exhausted, and can be activated for any emergency regardless of cause.

### *The Australian Government Domestic Response Plan for Mass Casualty Incidents of National Consequence (AUSTRAUPLAN)*

3.7 The AUSTRAUPLAN operates under the auspices of the National Health Emergency Response Arrangements and relates to a coordinated health sector response to a mass casualty incident of national concern.

#### **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 or manage acts of terrorism and their consequences within Australia.*

#### *National Action Plan for Human Influenza Pandemic (NAPHIP)*

3.8 The NAPHIP describes how the Australian, state, territory and local governments will cooperate with regard to PPRR arrangements for a human influenza pandemic.

#### *Australian Health Management Plan for Pandemic Influenza (AHMPPI)*

3.9 The AHMPPI is a national health plan providing an overarching framework to outline the measures that the health sector will consider in response to an influenza pandemic and to provide an overview of the preparedness activities being undertaken to ensure that the health sector is adequately prepared for an influenza pandemic.

## **Tasmanian Plans**

#### *Tasmanian Emergency Management Plan (TEMP)*

3.10 The TEMP describes the current governance and coordination arrangements, and roles and responsibilities for emergency management in Tasmania. It sets the framework for Tasmanian emergency management arrangements based on the requirements of Tasmanian legislation, related policies and accepted best practice models. Specific arrangements for pre-identified hazards or functions are described in supporting State Special Plans.

#### *State Special Plans (SSP)*

3.11 SSP describe specific arrangements for pre-identified hazards or functions. Current SSP that support or are associated with this plan include, but are not limited to:

#### *Tasmanian Action Plan for Human Influenza Pandemic (TAPHIP)*

3.12 The TAPHIP describes Tasmanian Government arrangements to prevent and mitigate, prepare for, respond to and recover from a human influenza pandemic and includes key roles and responsibilities across government and the community. The TAPHIP is supported by a suite of sub and associated plans, processes and procedures and is consistent with the NAPHIP and the AHMPPI. The TAPHIP is maintained by the DPAC and approved by the SEMC.

#### *Tasmanian Recovery Plan (TRP)*

3.13 The TRP describes the current governance and coordination arrangements, and roles and responsibilities for recovery efforts in response to a large scale emergency. This plan is maintained by the DPAC, with input from the DHHS with respect to personal services and support arrangements.

#### *Tasmanian Mass Casualty Management Plan (TMCMP)*

3.14 The TMCMP is authored and maintained by the DHHS on behalf of the SEMC and describes the current governance and coordination arrangements, and roles and responsibilities for a coordinated Tasmanian health and human services sector response to a mass casualty incident. The TMCMP is endorsed by the DHHS DE and approved by the SEMC.

#### *Tasmanian Public Health Emergencies Management Plan (TPHEMP)*

3.15 The TPHEMP is authored and maintained by the DHHS on behalf of the SEMC and describes the current governance and coordination arrangements, and roles and responsibilities for a coordinated Tasmanian health and human services sector response to a public health emergency. The TPHEMP is endorsed by the DHHS DE and approved by the SEMC.

### **Regional Plans**

3.16 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

3.17 These plans detail the arrangements and responsibilities for the governance and coordination of emergency management within a specific geographic region. Health-based emergency response arrangements described in these plans should appropriately reference those described in this plan and all supporting sub plans and associated arrangements.

### **Municipal Plans**

3.18 In accordance with Section 34 of the Act, there are currently twenty-six municipal level emergency management plans that describe the arrangements and responsibilities for the governance and coordination of emergency management within a municipal area. Health-based emergency response arrangements detailed in these plans should appropriately reference those described in this plan and all supporting sub plans and associated arrangements.

### **Associated Agency Plans**

#### *AHS Mass Casualty Management Plans*

3.19 These plans describe the arrangements internal to each AHS in order to perform their duties as assigned under the TMCMP and are approved by the AHS CEO.

#### *AHS Emergency Management Plans*

3.20 Tasmanian hospitals maintain a number of emergency response plans, coded in accordance with Australian Standard 4083-2010 (as amended). These plans are activated in accordance with a specific set of circumstances, for example a Code Brown plan is activated in the event of a large scale emergency external to the hospital precinct. These plans describe the immediate hospital actions and are approved by the AHS CEO.

#### *Ambulance Tasmania Multi-Casualty Incident Plan (ATMCIP)*

3.21 This plan describes a flexible management system designed to assist AT manage incidents where the number of casualties is greater than their immediate capacity to respond using normal operating procedures, while maintaining minimum essential coverage and is approved by the AT CEO.

#### *DHHS Business Unit's Emergency Operation Centre Operating Procedures*

3.22 These operating procedures describe the arrangements internal to DHHS Business Units to raise and sustain an Emergency Operations Centre in support of DHHS response arrangements to an emergency and are approved by the Business Unit executive.

#### *DHHS Business Unit's Business Continuity Management Plans*

3.23 These plans describe the business continuity management arrangements specific to DHHS Business Units and provide a framework for building resilience through processes that enable the maintenance of critical business functions and are approved by the Business Unit executive.

#### *DHHS Community Recovery Plan*

3.24 This plan describes the arrangements internal to the DHHS in order to perform the duties assigned to the Agency under the TRP and is approved by the DHHS DE.

#### *DHHS Emergency Coordination Centre Operating Procedures*

3.25 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. Maintained by the OCHO, they are designed to provide flexibility in their application and comply with an all hazards approach to emergency management and are approved by the CHO.

#### *DHHS Emergency Communications Processes and Procedures*

3.26 This document outlines the standard communication processes and procedures that will be used by the DHHS in the event of an emergency and covers internal communications, stakeholder communications, and public communications. The plan is maintained by Strategic and Portfolio Services (SPS).

#### *National Medical Stockpile Tasmanian Distribution Plan*

3.27 This plan describes the Tasmanian framework to receive, manage, distribute and account for items received from the National Medical Stockpile in order to provide essential protective cover in the event of a major health emergency and is approved by the CHO. This is a security sensitive document with restricted distribution.

#### *Supporting Community Recovery Arrangements*

3.28 These arrangements describe the processes and practices of responsible Business Units, either individually or collectively, in order to perform their duties as assigned under the TRP and the DHHS Community Recovery Plan and are approved by the relevant Business Unit executive/s.

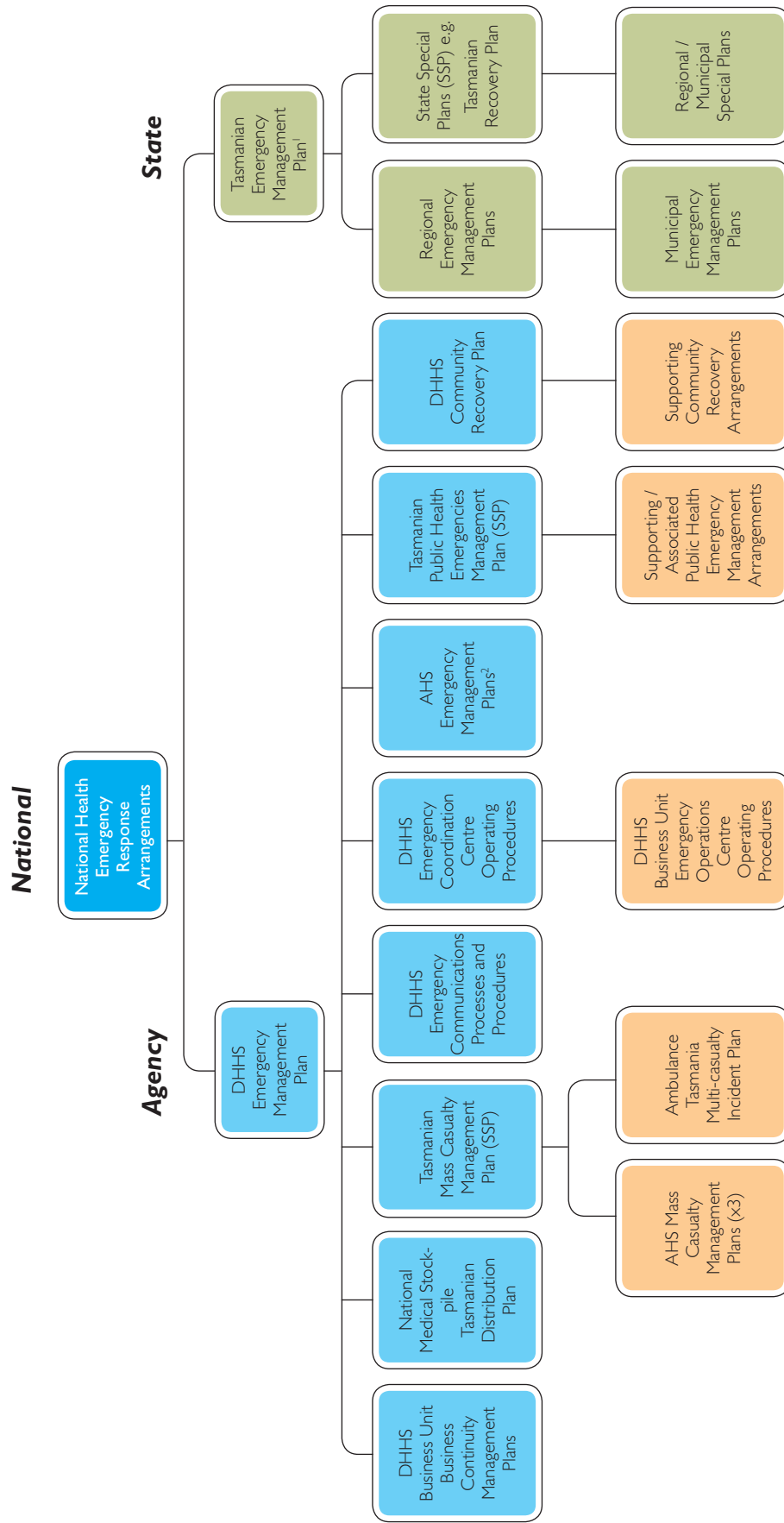
#### *Supporting Public Health Emergency Management Arrangements*

3.29 A suite of public health emergency management arrangements exist for specific pre-identified hazards or functions directly relating to public health protection, for example food contamination, water contamination and infectious diseases, and are approved by the Director of Public Health.

## **DHHS Emergency Management Planning Framework**

3.30 The DHHS maintains an emergency management planning framework, which is illustrated at Figure 3.1. Emergency management planning requirements are assigned to each Business Unit as appropriate and are represented at Table 3.1.

Figure 3.1 – DHHS Emergency Management Planning Framework:



1 – State, Regional and Municipal plans are shown for representational purposes only. There are multiple interdependencies not represented on this graphic between DHHS and external-to-DHHS emergency management plans

2 – Each Area Health Service maintains a suite of management plans, coded in accordance with Australian Standard 4083:2010

Table 3.1 – DHHS Emergency Management Planning Responsibilities:

	DHHS ECC SOPs	Business Unit EOC SOPs	Business Continuity Management Plan	Tasmanian Mass Casualty Management Plan	AHS Mass Casualty Management Plan	AHS Emergency Management Plans	Mult-Casualty Incident Plan	Tasmanian Public Health Emergencies Management Plan	Supporting / Associated Public Health Emergency Management Arrangements	DHHS Community Recovery Plan	Supporting Community Recovery Arrangements	DHHS Emergency Communications Processes and Procedures	National Medical Stockpile Tasmanian Distribution Plan
Operational Units	Ambulance Tasmania	✓	✓				✓						
	Area Health Services	✓	✓		✓				✓		✓		
	Business Services Network	✓	✓										
	Children and Youth Services	✓	✓								✓		
	Housing Tasmania	✓	✓								✓		
	Population Health	✓	✓					✓					
	Statewide and Mental Health Services	✓	✓						✓		✓		
	Statewide Forensic Medical Services		✓										
	Community Development, Disability and Housing		✓								✓		
	Health and Hospitals		✓										
Departmental Units	Office of the Chief Financial Officer		✓										
	Office of the Chief Health Officer	✓	✓	✓						✓			✓
	Office of the Chief Nurse and Allied Health		✓										
	Policy, Information and Commissioning		✓										
	Strategic and Portfolio Services		✓									✓	

**Note:** The planning responsibilities represented in Table 3.1 are current at the time of publication. Any future Agency restructure may result in a change to existing policy development and service redelivery frameworks and / or emergency management planning responsibilities.

# Section 4: Emergency Management Arrangements

## DHHS Emergency Management Roles and Responsibilities

4.1 In accordance with the TEMP, Table 4.1 and Table 4.2 provides a summary list of the emergency management roles and responsibilities performed by the DHHS. This list is indicative of the scope and complexity of emergency management issues considered by the DHHS.

Table 4.1 – DHHS Emergency Management Roles and Responsibilities:

Responsibility / Hazard	SEMC Advisory Agency <sup>1</sup>	Management Authority <sup>2</sup>			DHHS Service Provider / Responsible Business Unit/s
		Prevention and Mitigation	Preparedness	Response	
Casualty Care and Transport (single and multi / mass casualty incidents)	✓	✓	✓	✓	Ambulance Tasmania / Area Health Services
Food Contamination	✓	✓	✓	✓	Population Health
Hazardous Materials – radiological (unintentional release of)	✓	✓	✓	<b>(TASPOL)</b>	Population Health
Influenza Pandemic	<b>(DPAC)</b>	✓	<b>(DPAC)</b>	✓	Population Health / Area Health Services
Public Health Emergency	✓	✓	✓	✓	Population Health
Water Supply Contamination	✓	✓	✓	✓	Population Health

**Note:**

<sup>1</sup> **SEMC Advisory Agency:** A State Government agency responsible for providing advice to the SEMC on the adequacy of current arrangements for identified hazards relevant to Tasmanian emergency management. This is not an operational role in response or recovery, nor does it affect existing command, control and coordination arrangements.

<sup>2</sup> **Management Authority:** The organisation responsible for providing guidance on aspects of comprehensive emergency management. This responsibility is often response focussed, established in legislation and undertaken in partnership with other organisations.

Table 4.2 – DHHS Emergency Management Roles and Responsibilities:

Function	DHHS Service Provider / Responsible Business Unit (in accordance with relevant emergency management PRR arrangements)
Accommodation (emergency)	Housing Tasmania
Advice on environmental health	Population Health
Advice on radiological and nuclear hazards	Population Health
Assembly, evacuation, information and recovery centres	Area Health Services
Blood supplies	Area Health Services
Care for children	Children and Youth Services
Clothing and household items	Area Health Services
Communications	Strategic and Portfolio Services
Coordination of emergency management / recovery services	Area Health Services / Office of the Chief Health Officer
Decontamination from hazardous materials (chemical, biological, radiological, nuclear and explosives)	Area Health Services / Population Health / Ambulance Tasmania
Emergency catering	Area Health Services
Financial assistance for personal hardship and distress	Housing Tasmania / Children and Youth Services
Flu clinics	Population Health / Area Health Services
Out reach services	Area Health Services / Community Development, Disability and Housing
Pastoral Care	Area Health Services
Personal and community support	Area Health Services / Community Development, Disability and Housing / Statewide and Mental Health Services
Planning for long-term community recovery coordination	Office of the Chief Health Officer / Area Health Services / Housing Tasmania / Community Development, Disability and Housing / Statewide and Mental Health Services
Registration and enquiry (of affected persons relating to evacuation)	Area Health Services
Restoration / resupply of drinking water services	Population Health
Support to technical rescue	Ambulance Tasmania / Area Health Services
Translation and interpreter service (languages other than English)	Area Health Services / Children and Youth Services

**Note:**

*Business Units with functional responsibilities provide support capabilities as agreed with Management Authorities and command their own resources in coordination with the Management Authority as required.*

## Standards and Conditions

4.2 In order to maintain Business Unit accountability, a series of emergency preparedness standards and conditions have been developed. They provide a framework for measuring the practical application of emergency management principles and provide integrated compliance with minimum criteria in relation to planning, knowledge and skills, response and recovery capability, evaluation, and staff support.

Criteria	Standards	Conditions	Evidence of Compliance
<b>Planning</b>	<ul style="list-style-type: none"> <li>· Remains current (reviewed every two-years).</li> <li>· Is based on risk management principles.</li> <li>· Meets the specified requirements of the TEMP.</li> <li>· Incorporates business continuity management principles.</li> <li>· Confirms existing arrangements and PPRR capabilities.</li> <li>· Clearly describes key roles and responsibilities.</li> <li>· Is widely distributed (to stakeholders).</li> <li>· Identifies short - long term resource requirements.</li> <li>· Includes threshold levels and triggers for response, escalation, sustainment and de-escalation.</li> <li>· Includes provisions for education and training.</li> <li>· Is aligned with Agency, State and Commonwealth plans as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>· Each Business Unit is to maintain plans that support the DHHS Emergency Management Plan and all major sub and associated plans (e.g. State Special Plans) as detailed at Table 3.1.</li> <li>· Risk management practices are in accordance with Agency policy.</li> <li>· Business continuity management practices are in accordance with Agency policy.</li> <li>· Approved by Business Unit Executives.</li> </ul>	<ul style="list-style-type: none"> <li>· Plans uploaded to the DHHS Emergency Preparedness and Coordination website.</li> </ul>

Criteria	Standards	Conditions	Evidence of Compliance
<b>Knowledge and Skills</b>	<ul style="list-style-type: none"> <li>· Key staff are trained in emergency management.</li> <li>· All staff have a general understanding of emergency management planning documentation.</li> <li>· Key staff participate in training, validation and assessment programs.</li> </ul>	<ul style="list-style-type: none"> <li>· Training of key staff managed and supported by Business Unit executive.</li> <li>· Understanding of planning documentation measured during collective evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>· Business Units maintain details of staff attendance at emergency management training courses.</li> </ul>
<b>Response and Recovery Capability</b>	<ul style="list-style-type: none"> <li>· Evaluated annually against assigned emergency management roles and responsibilities.</li> <li>· Assessment recommendations are reviewed by the Business Unit executive and actioned as a matter of priority.</li> </ul>	<ul style="list-style-type: none"> <li>· Collective capability is evaluated as part of DHHS or multi-agency exercises.</li> <li>· Evaluation is to include:               <ol style="list-style-type: none"> <li>1. reaction to notification;</li> <li>2. passage of information;</li> <li>3. command and control;</li> <li>4. use of resources;</li> <li>5. contingency planning; and</li> <li>6. support to community recovery.</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>· Assessment and evaluation reports maintained by the Business Unit executive.</li> </ul>

Criteria	Standards	Conditions	Evidence of Compliance
<b>Evaluation</b>	<p>Peer group review:</p> <ol style="list-style-type: none"> <li>1. An ongoing process.</li> <li>2. Business Unit executives are responsible for general preparedness, and capacity to support response and recovery efforts.</li> <li>3. An annual report is produced detailing Business Unit emergency preparedness and coordination activities.</li> </ol> <p>After any DHHS and / or multi-agency exercise:</p> <ol style="list-style-type: none"> <li>1. Assessment of performing Business Unit roles and responsibilities, and intra / inter agency liaison tasks.</li> </ol> <p>Following an event:</p> <ol style="list-style-type: none"> <li>1. A formal debrief is conducted.</li> <li>2. Strengths and weaknesses are identified and the requirement to revise / amended arrangements is agreed.</li> </ol>	<ul style="list-style-type: none"> <li>· Evaluation is to be conducted annually.</li> <li>· If required, outcomes are to be reflected in changes to Business Unit response procedures and whole-of-agency arrangements.</li> <li>· Debrief can be conducted as part of single Agency and / or multi-agency review processes.</li> </ul>	<ul style="list-style-type: none"> <li>· Annual report is tabled at DE for noting and forwarded to the OCHO for file.</li> </ul>
<b>Staff support</b>	<ul style="list-style-type: none"> <li>· The provision of personal support is afforded to DHHS staff involved in response and recovery actions.</li> </ul>	<ul style="list-style-type: none"> <li>· All response arrangements must meet OH&amp;S and duty of care requirements.</li> </ul>	<ul style="list-style-type: none"> <li>· Staff support arrangements included in planning documents.</li> </ul>

# Section 4.1

## Prevention and Mitigation

### Overview

4.1.1 Given that any number of natural or man-made hazards may generate an emergency with health consequences, not all emergencies are either foreseeable or preventable. Notwithstanding, this plan promotes planning across the DHHS, the broader health and human services sector, and government to identify the most likely potential hazards and to continue to develop strategies to minimise the level of risk to the Agency and the community.

### Research

4.1.2 At a national level, the AHPC - together with its subcommittees - is the principal driver of health-based emergency management research, policy and planning development that promotes best practice principles based on the lessons learned from previous emergencies.

4.1.3 In addition, the Australian Emergency Management Institute (AEMI) conducts applied research into current emergency management issues (including health) in order to reflect contemporary understanding, inform policy development, and provide leadership in the development of an emergency management body of knowledge.

4.1.4 The research outcomes delivered by the AEMI, together with those of the State Research Program maintained by the SEMC, combine to enable the Tasmanian emergency management sector to better understand the risks (including health) to Tasmanian communities and inform risk management programs.

### Operational Activities

4.1.5 The Communicable Diseases Prevention Unit within Population Health undertakes operational activities in the form of surveillance and follow-up of cases of infectious disease. This includes contact tracing of people who may have been exposed to someone who has been confirmed as having an infectious disease and where required, providing antibiotic therapy or prophylaxis to limit the further spread of disease.

4.1.6 Surveillance for food borne illness is another key preventative activity aimed at identifying and responding rapidly to incidences of food contamination where the community is put at risk. Immunisation of children and vulnerable community groups under the National Immunisation Program also forms another important preventative activity aimed at ensuring protection of the community from the spread of disease.

### Community Education and Awareness

4.1.7 The DHHS and each Business Unit with hazard specific emergency management responsibilities should seek to ensure the community is well educated with regard to these hazards and aware of the associated risks to their general health and wellbeing. Where preventative measures can be implemented whole-of-agency support should be given to ensure implementation and program success.

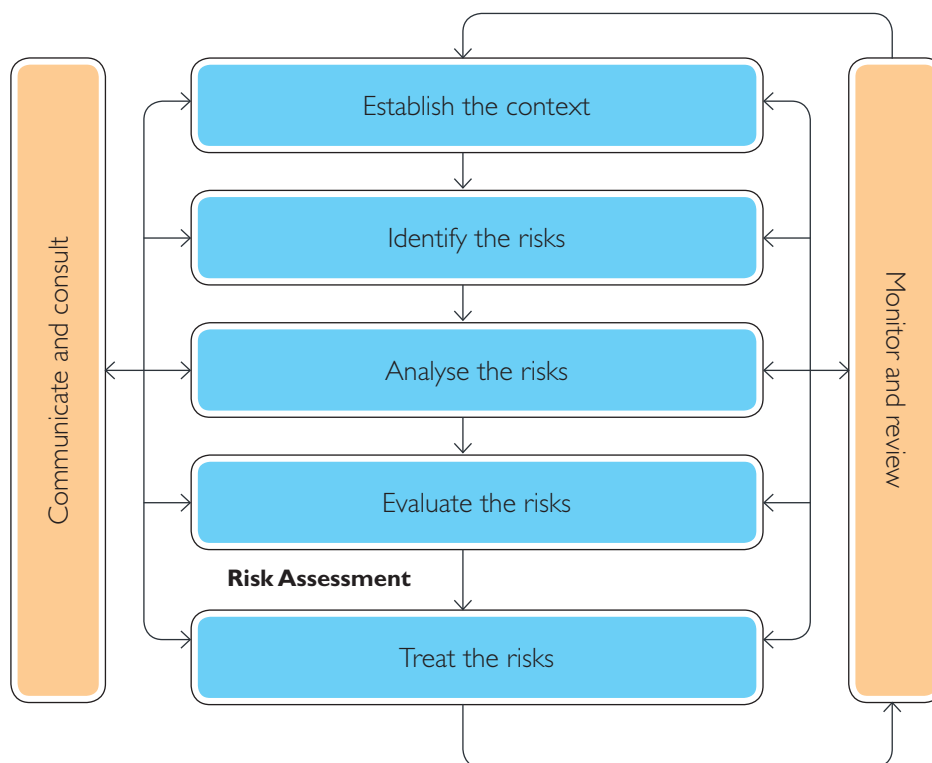
## Risk Management

4.1.8 The DHHS develops policies, plans and procedures to best manage the health consequences of an emergency. As the level of responsibility grows and the provision of resources remains finite, risk management forms the cornerstone of all planning initiatives.

4.1.9 Supporting risk management is the process of hazard identification and hazard analysis. This process identifies emergencies that the Agency and / or multiple Business Units may respond to, prioritises the likelihood and consequences, and forms the foundation for planning an emergency response. In accordance with the DHHS *Risk Management Policy* (effective September 2009), it is necessary that each departmental and operational Business Unit carry out its own hazard identification and analysis in order to inform individual and collective business continuity management arrangements and ensure, that in the event of an emergency, the Agency can continue to deliver core health and human services to the community. This includes a specific focus on vulnerable groups within the business unit and those population groups it services to ensure specific requirements are considered within risk management planning.

4.1.10 To ensure standardisation and best practice, Business Unit risk management programs should be in accordance with the framework described in *AS/NZS ISO 31000:2009 Risk Management – Principles and Guidelines*. A widely accepted contemporary model of the emergency risk management process is represented at Figure 4.1.

Figure 4.1 – Emergency Risk Management Process:



Source: National Emergency Risk Assessment Guidelines

4.1.11 Effective risk management is underpinned by a number of key principles described in *AS/NZS ISO 31000:2009*. When applying emergency risk management processes, Business Units should remain aware of the following principles:

1. **Integrates into all Agency processes:** emergency risk management is a mainstream activity that is most effective when integrated into standard business processes across all Agency Business Units.
2. **Informs decision-making:** emergency risk management supports informed decision-making and the prioritisation of limited health care resources.
3. **Is tailored:** emergency risk management processes take a fit-for-purpose approach that is aligned with community needs, context and risk profile.
4. **Addresses uncertainty:** rigorous emergency risk management continues to provide value in uncertain and challenging environments.
5. **Is systematic, structured and timely:** consistent, reliable and comparable results are achieved when a systematic, structured and timely approach is taken.
6. **Creates and protects value:** emergency risk management contributes to the TEMP objective of achieving safer, sustainable communities.
7. **Is transparent and inclusive:** in order to remain relevant, up-to-date and effective, emergency risk management must involve stakeholders and, in particular, decision-makers in an appropriate and timely manner.
8. **Is based on the best available evidence:** the best available data and information on hazards, risks, exposure and vulnerability are applied from a variety of sources including historical data, forecasting, modelling, observations, community input and expert judgement.
9. **Facilitates continual improvement:** effective emergency management relies on the development and implementation of strategies that improve the Agency's risk management maturity. Such an approach underpins a resilient and adaptive health and human services sector.
10. **Is dynamic, iterative and responsive to change:** emergency risk management responds to changing risk profiles and emerging information on hazards, exposure and vulnerability. When monitoring and reviewing of risks is effective, this process can identify when risks emerge, change or disappear.

**Source:** Adapted from *National Emergency Risk Assessment Guidelines*

4.1.12 Business Units should ensure that risk management planning aligns with relevant legislative, whole-of-government and agency risk management policy and emergency management arrangements. The DHHS Audit and Assurance Unit, within the Office of the Chief Financial Officer, is responsible for the development and coordination of the DHHS risk management framework and implementation program. The roles and responsibilities of departmental and operational Business Unit executives with regard to risk management are described in the Agency's risk management policy.

## Business Continuity Management

4.1.13 Business continuity management is a process that identifies potential impacts that threaten an organisation and provides a framework for building resilience and arrangements that enable the maintenance of critical business functions. Business continuity management is based on the principles of risk management and business impact analysis and is focussed on identified risks that have the potential to cause disruption / interruption to continued service delivery. These interruptions may cause service outages which, in the context of delivering health and human services (normal and / or emergency), will have an impact on response capacity thresholds and therefore the community. The arrangements described in this plan recognise that a sustained health and human services sector response to an emergency will invariably involve an adjustment to normal service delivery and treatment priorities, therefore this will have associated business continuity management considerations.

4.1.14 The stability of service delivery is a whole-of-agency responsibility performed at the Business Unit level. Appropriate business continuity management arrangements should be described in operational level Business Unit business continuity management plans and, as appropriate, referenced in supporting sub and associated plans. These plans should list the services and business support functions that are essential, important and non-essential noting that categorisation is subject to the nature and scale of an emergency.

4.1.15 Business continuity management is a key enabler to ensure core services are maintained when normal business processes are disrupted or fail. The development, maintenance and validation of business continuity management plans is the responsibility of individual Business Unit executives and should be in accordance with the DHHS Business Continuity Management Policy (pending approval / release). The roles, responsibilities and expected outputs required of Business Unit executives with regard to business continuity management are described in this policy.

4.1.16 This plan does not promote or recommend one single standard or business continuity management process. Business Continuity Managers should note the following contemporary Australian business continuity management resources as points of reference and apply the relevant principles to their particular areas of operation:

- 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*

4.1.17 Support, monitoring and advice is provided by the Audit and Assurance Unit.

# Section 4.2 – Preparedness

## Security Risk Management and Critical Health Infrastructure Protection

4.2.1 Any disruption to the services provided by the DHHS, including the sites from which these are sourced, may result in the restricted provision of essential health and human service activities. Principal amongst these are critical acute-based health care services. Therefore, in the context of risk management and acknowledgement of a broader threat environment, it is important that asset security and critical health infrastructure protection (e.g. acute, day and mental health facilities, etc) be considered. National counter-terrorism arrangements are described in the NCTP, which is supported at a jurisdictional level by the *Tasmanian Counter-Terrorism Plan*.

4.2.2 The DHHS is responsible for maintaining protective security arrangements for key (pre-identified) critical health infrastructure. A key enabler to support these arrangements is security risk management. As the primary operators of critical health infrastructure, each AHS is responsible for conducting security risk management in accordance with the processes described in the *Security Risk Management Handbook (HB 167:2006)* and supported by the *Australian Hospitals Risk Context Statement* (restricted).

4.2.3 Once identified, a list of critical health infrastructure and their key interdependencies should be maintained and all existing security, on-site emergency and business continuity management plans should be reviewed. Protective arrangements should be detailed in AHS emergency management plans and relevant supporting sub and associated plans. Key AHS responsibilities include, but are not limited to:

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

4.2.4 In accordance with the NCTP, Australia has six levels of terrorist related threat (negligible, very low, low, medium, high, and extreme) and four levels of public alert (low, medium, high, and extreme). At the time of publication, the public alert level for terrorism is MEDIUM. It is possible for different jurisdictions, and nominated areas within a single jurisdiction, to be on different levels of public alert. The Tasmania Police Counter-Terrorism Unit (CTU) will advise the DHHS of any change to the level of public alert.

4.2.5 Each major Business Unit and AHS is responsible for developing local arrangements for the transition between levels of public alert. Table 4.3 provides an indicative list of DHHS actions to be taken when the alert level is changed. Further considerations are provided in the National Counter-Terrorism Committee *National Guidelines for Protecting Critical Infrastructure from Terrorism* (restricted). Additional information can be found in the *National Counter-Terrorism Handbook* (restricted) and advice provided through the Tasmanian CTU.

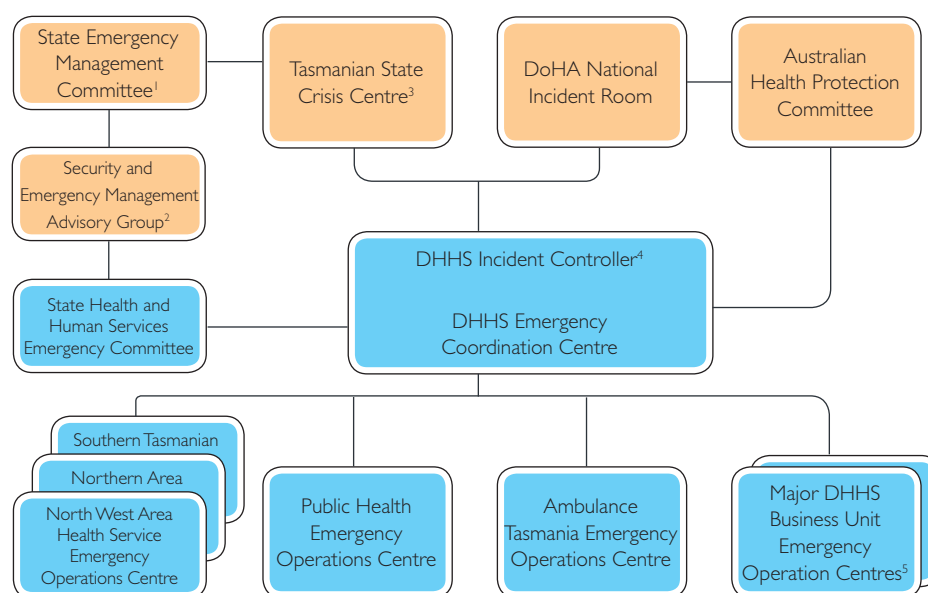
Table 4.3 – Changes to the Level of Terrorism related Public Alerts and Indicative DHHS Actions:

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

## Emergency Coordination and Support Arrangements

4.2.6 In accordance with contemporary emergency response frameworks the DHHS operates one central ECC and several EOCs (activated by Business Units as and when required). The DHHS Emergency Coordination Framework is represented at Figure 4.2.

Figure 4.2 – DHHS Emergency Coordination Framework:



### Note:

1. The Secretary DHHS is a member of the State Emergency Management Committee.
2. The Chief Health Officer, Director of Public Health and CEO Ambulance Tasmania are members of the Security and Emergency Management Advisory Group.
3. The three Regional Emergency Coordination / Operations Centres report to the State Crisis Centre (not DHHS).
4. The DHHS Incident Controller (Chief Health Officer for mass casualty incidents / Director of Public Health for public health emergencies).
5. For example: Housing Tasmania, Statewide and Mental Health Services.

4.2.7 When activated, the DHHS ECC is the central point within the Agency for strategic consequence management, including coordination with other government agencies and between Tasmania and the Australian Government on health specific issues at the departmental level. In addition to activation of the DHHS ECC, Liaison Officers may be used to provide linkages across the Agency and with external groups responding to the emergency. Principal amongst these groups will be the State Crisis Centre (SCC), the SEMC and the SEMAG.

4.2.8 Whenever possible, normal procedures for the acquisition of health-based resources will be used. Should additional assistance be required, it will be requested through the appropriate channels in accordance with the incident command structure and arrangements described in the TEMP.

4.2.9 Business Unit EOCs give direction to operational tasks in response to an emergency at a Business Unit level. The function, structure, activation and management of these centres and their relationships internal and external to the DHHS are described in respective Standard Operating Procedures (SOPs). Table 3.1 details the DHHS Business Units with responsibility to maintain an EOC function in the event of a major emergency.

4.2.10 A key enabler for effective response arrangements is the development of an integrated planning and support network that actively engages all assets at the Business Unit / operational level, including private hospitals, private medical practitioners and allied health professionals. Arrangements specific to the coordination of a mass casualty or public health emergency are described in the relevant State Special Plan. Statewide recovery arrangements are described in the TRP.

## Resource Sharing and Coordination

4.2.11 Internal to the DHHS, emergency management planning and cooperation arrangements at the Business Unit level, including requirements for staff support, should include considerations for intra-agency resource sharing and coordination, particularly across the acute and primary care sectors. Appropriate arrangements and anticipated requirements should be identified before an emergency, reflected in normal and emergency-based business processes and supported by appropriate Business Unit executive approval.

4.2.12 Where resources are required across Business Units at an intra-agency level, consideration will need to be given to the prioritisation of need (particularly human resources). Where resources are requested by the DHHS Incident Controller to support emergency response and recovery efforts, Business Unit executives should make available the support required and enabling arrangements should be described in Business Unit Business Continuity Management Plans. Where, in extreme circumstances and subject to the nature and scale of an emergency, the arrangement of DHHS services into the categories of essential, important and non-essential is required, the DE (through the Secretary) may be required to issue a directive. Specific arrangements for the provision of human resources across Business Units is to be described in the DHHS Emergency Staff Support Management Plan (pending development by the Human Resources Business Unit).

4.2.13 Externally, the DHHS has resource sharing arrangements with a number of emergency service agencies, including the State Emergency Service (SES), Tasmania Fire Service (TFS) and TASPOL. These arrangements cover shortfalls in resource provision, including personal protective equipment, communications hardware and community recovery aides. The acquisition of internal and external resources is coordinated through existing liaison arrangements at the operational level or through formal requests via the incident command structure (e.g. ECC / EOC) when activated and as required.

## Telecommunications

4.2.14 Over and above existing landline and mobile telecommunication networks, the DHHS maintains an independent communications capability through the use of satellite telephones. At a minimum, this allows for connectivity between the Agency's ECC and operational EOCs and will assist with the control and coordination of health-based assets deployed in response to an emergency. This hardware is held by the principal Business Units engaged in emergency management activities. In addition, a number of cached handheld radios, which are compatible with the AT communications network, are maintained by AT and are available for use by each AHS as and when required.

## Training and Education

4.2.15 Each Business Unit is responsible for identifying their emergency management professional development and training needs, and the subsequent planning and implementation of programs to enable this process. This includes making adequate funding available to support selected staff in attending externally provided emergency management training opportunities and training for personnel involved in the delivery of emergency-based clinical services, patient management and incident management systems. Business Units looking to develop internal training and related programmes to support emergency PPRR are responsible for funding these through either the DHHS recurrent budget process or by seeking National level grants (e.g. the Natural Disaster Resilience Program).

4.2.16 Where activities are run at a statewide (multi-agency level), inter-jurisdictional or national level, facilitation of training and education will be coordinated at the departmental level as appropriate. The OCHO will provide advice on a range of introductory emergency management training programs including, but not limited to, emergency risk management, business continuity management, and incident management systems as offered by the SES and the AEMI.

4.2.17 Training and education may also be provided using a variety of programs that accommodate specific roles (operational and strategic) and personal circumstances (e.g. shift workers). Training may be on-the-job, collective or group training (e.g. workshops, discussion, simulation, or multi-agency exercises), or guided self-paced self-learning programs (e.g. multi-media electronic or web-based).

## Knowledge Transfer

4.2.18 In circumstances where individuals from any DHHS Business Unit are deployed in support of an emergency response either locally (within Tasmania) or interstate / overseas, it is the responsibility of the relevant Business Unit to ensure that they seek to identify and disseminate as appropriate all relevant lessons learnt and other pertinent experiences that will value-add to the DHHS' own emergency PPRR capability development.

## Financial Administration

4.2.19 The DHHS, through its Business Units, is responsible for maintaining a response capability that can be expanded or surged, within available resources, in order to respond to an emergency. This requires the ability to maximise existing funding and budget arrangements, pre-identify response-based resource requirements, including staff and equipment, and secure supplemental funding to ensure that an agreed minimum capability level is maintained in order to sustain an acceptable level of resilience for the duration of any emergency response.

4.2.20 All emergency response-based costs must be captured to ensure expenditure is clearly identified. Where appropriate, a cost centre code should be raised and assigned accordingly, and financial records relating to the response are to be in accordance with Agency policy. All records of expenditure are subject to post incident audit, records management provisions and State archiving legislation and must be maintained to aid with any cost recovery / reimbursement processes (e.g. from the State / Australian Government).

4.2.21 The cost of providing health and human services in response to an emergency will, in the first instance, be absorbed by the Business Unit/s delivering those services. Should response expenditure be of a scale that prevents continuation of normal business operations, the Department will consider providing, or will seek, financial supplementation. Under these circumstances, the Chief Financial Officer will be responsible for coordinating and managing the Agency's emergency financial administration.

# Section 4.3 – Response

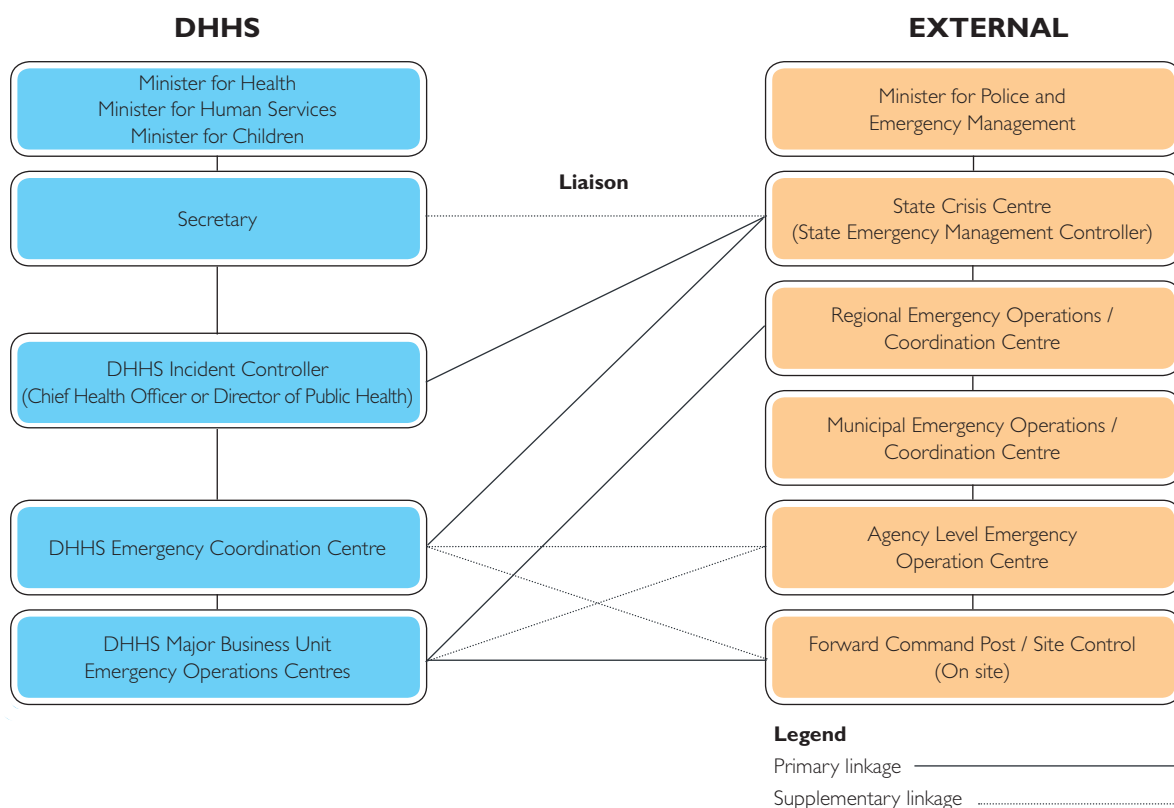
## Overview

4.3.1 This section describes DHHS emergency response arrangements. It focuses on command, control and coordination, activation and escalation processes, and incident response actions.

## Command, Control and Coordination

4.3.2 The DHHS response to an emergency with health consequences is principally managed through key appointments and the activation and escalation of a command, control and coordination framework. To ensure consistency, this framework uses existing response structures at both the operational and strategic level and is represented in Figure 4.3. Where necessary, the Secretary will confirm the appointment of a DHHS Incident Controller. This person will be a senior officer who is responsible for leading the whole-of-agency response to the emergency and for providing advice to the Secretary, the DE, and in the case of parties external to the DHHS, the State Emergency Management Controller; the SEMC and the SEMAG as required.

Figure 4.3 – DHHS Emergency Management Response Framework:



**Note:**

In the event of a mass casualty incident, the DHHS Incident Controller will normally be the Chief Health Officer (CHO), and in the event of a public health emergency, the DHHS Incident Controller will normally be the Director of Public Health (DPH). In the event an emergency is complex in nature and the DHHS response requires long-term strategic management the Secretary may appoint a person other than the CHO or DPH as the DHHS Incident Controller.

## DHHS Incident Controller

4.3.3 The DHHS Incident Controller is responsible for:

- a. leading the overall DHHS response;
- b. providing advice to the State Emergency Management Controller, the SEMC / SEMAG, the Secretary DHHS and the DHHS DE;
- c. activating the DHHS ECC to support planning and coordination of the health sector response;
- d. coordinating DHHS clinical-based resources through the network of AHS Regional Medical Coordinators (RMC);
- e. coordinating with heads of DHHS Business Units as necessary in order to support a whole-of-agency response;
- f. if required, requesting assistance in accordance with AUSTRAMAPLAN through AHPC or the TEMP through the Director of the Tasmanian State Emergency Service;
- g. integrating health response and recovery arrangements within the whole-of-government response and recovery framework; and
- h. acting as the principal DHHS spokesperson.

## DHHS Administered Legislation

4.3.4 The DHHS is currently responsible for administering 36 Acts and associated Regulations. The relationship between this legislation and emergency management is subject to the nature of the emergency. The principal pieces of legislation<sup>1</sup> in relation to the health consequences of an emergency are:

- a. *The Poisons Act 1971 and Regulations 2008;*
- b. *The Ambulance Service Act 1982;*
- c. *The Public Health Act 1997 and associated Guidelines;*
- d. *The Food Act 2003;* and
- e. *The Radiation Protection Act 2005.*

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<sup>1</sup>

Available at: [www.thelaw.tas.gov.au](http://www.thelaw.tas.gov.au)

## Emergency Powers

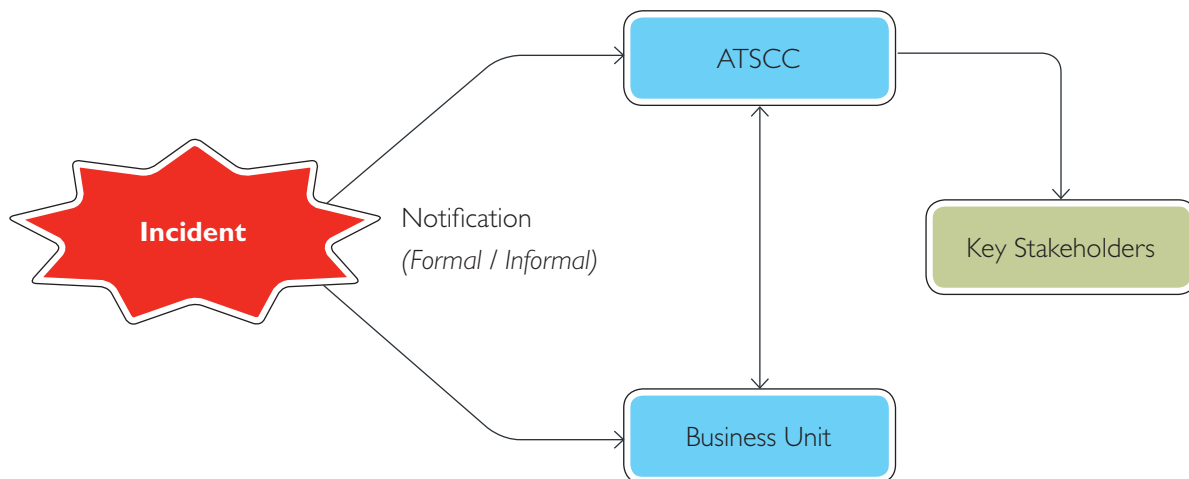
4.3.5 In addition to the emergency-based powers given to the State Emergency Management Controller and other authorised officers under the *Emergency Management Act 2006*, there are certain legislated powers specific to health emergency management that come under the responsibility of the DHHS. These powers primarily derive from the *Public Health Act 1997*, *Radiation Protection Act 2005*, *Food Act 2003* and *Quarantine Act 1908* (Commonwealth) and are administered by the Population Health Business Unit.

## Notifications

4.3.6 Subject to the nature and scale of an emergency, the DHHS' emergency response arrangements may be activated through multiple, concurrent notifications. The essential requirement is that appropriate areas of the Agency receive the earliest notification possible and that other relevant stakeholders have an appropriate situational awareness of the response. Although it is likely that information relating to an emergency will be received from a number of sources, both formal and informal, the DHHS operates within the construct of the Tasmanian Major Incident Emergency Alert System. This is a multi-agency alert model where, in the event of a major emergency, the Ambulance Tasmania State Communications Centre (ATSCC) acts as the single point of initial contact for the DHHS. Subsequent notification of internal-to-DHHS executives such as the CHO, DPH or the RMC network is in accordance with an agreed SOP. The accuracy of SOP contact details is verified monthly through the ATSCC.

4.3.7 Where another sector of the Agency (e.g. an AHS) becomes aware of an emergency before receiving notification from the ATSCC, it should be reported to the ATSCC on phone number 1300 558 329 as a matter of priority. This will ensure that other areas of the Agency / key stakeholders are aware of the incident. Figure 4.4 represents the principal DHHS incident notification process:

Figure 4.4 – DHHS Incident Notification Process:



**Note:**

Where a Code Brown (a set of arrangements in response to an emergency external to a hospital precinct) is activated by a hospital, all other major hospitals (statewide) are to be notified as a matter of priority by the ATSCC after receiving advice from the initiating hospital. Although Code Brown operational response arrangements vary across each AHS, the process for incident notification and Code Brown activation should be consistent. The RMC should ensure that key stakeholders are aware of the situation, action taken and future action required. Notification processes should be clearly documented in Code Brown plans, understood by all relevant staff and shared across each AHS. All enabling details with regard to notification arrangements should be described in AHS Mass Casualty Management Plans.

## Communications

4.3.8 Internal, stakeholder and public communication is a critical component of any DHHS response to an emergency. DHHS emergency communications will be centrally coordinated by the Strategic Communications and Media team within SPS in accordance with the arrangements described in the *DHHS Emergency Communications Processes and Procedures*.

### *Media Management*

4.3.9 Responsibility for emergency media management rests with the DHHS ECC Emergency Communications Coordinator or nominated delegate of the DHHS Incident Controller. Whole-of-government media management will be coordinated by TASPOL as required.

### *Public Information*

4.3.10 At an agency level, the broadcast of health and human service-based public information will be coordinated the Strategic Communications and Media team within SPS in consultation with the DHHS ECC Emergency Communications Coordinator. The primary spokesperson for any DHHS response will be the DHHS Incident Controller or nominated delegate. The broadcast of public information at the whole-of-government level will be coordinated by TASPOL (SCC Public Information Unit). Table 4.5 summarises DHHS response-based public information arrangements.

Table 4.5 – Summary of DHHS Response-Based Public Information Arrangements:

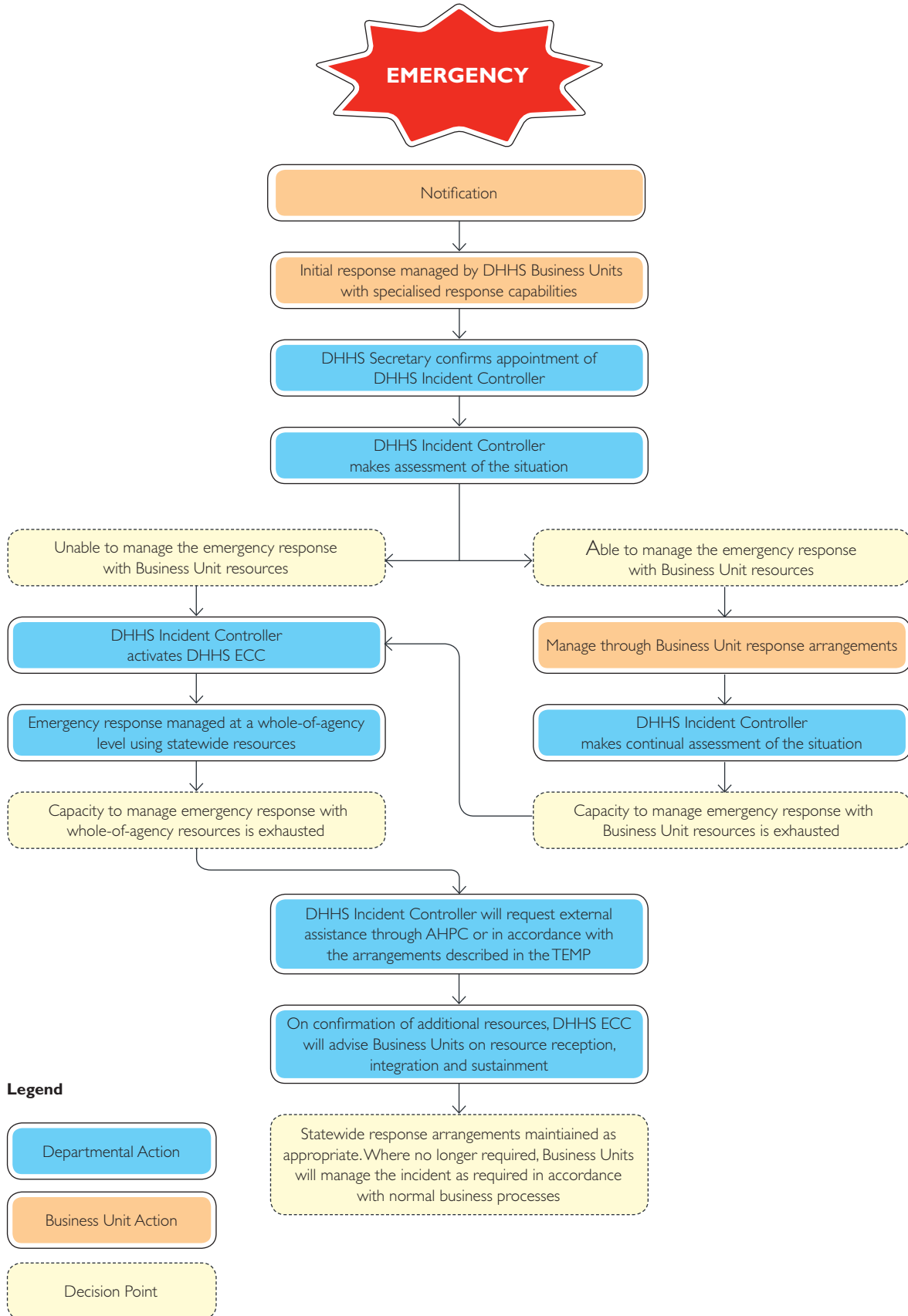
Location:	Scope of Information:	Provided by:	Developed by:	Cleared by:	Distribution Methods:
On-Site	The emergency and its known impact	Ambulance Tasmania / relevant Business Unit	Ambulance Commander / Ambulance Tasmania Incident Management Team / Business Unit officer	Ambulance Tasmania CEO or nominated delegate / Business Unit Manager	Through DHHS Strategic and Portfolio Services (Strategic Communications and Media)
Local / Regional	Impact of the emergency on the local / regional community / recovery arrangements	Business Unit Emergency Operations Centre	Communications and Marketing Advisor (or equivalent)	Business Unit executive	Through DHHS Strategic and Portfolio Services (Strategic Communications and Media)
Statewide	Impact of the emergency for the State including health response and recovery arrangements	DHHS Emergency Coordination Centre	DHHS Emergency Communications Coordinator	DHHS Incident Controller or nominated delegate	Through DHHS Strategic and Portfolio Services (Strategic Communications and Media) and / or the State Crisis Centre Public Information Unit (if activated)

## Activation and Escalation of Response Arrangements

4.3.11 The initial response to an emergency will be managed by Business Units with specialised response capabilities as required (e.g. AT, each AHS, Population Health, etc). The requirement for Business Unit or whole-of-agency coordination will be subject to the nature and scale of the emergency. Where an incident increases the demand on existing health and human service resources, relevant Business Units will coordinate all available resources in order to manage the surge in demand. When this surge capacity is likely to be exceeded and Business Unit resources are overwhelmed, whole-of-agency response arrangements may be activated. This may occur either immediately or over time. Any Business Unit request to escalate the level of response should be made to the CHO (in the event of a mass casualty incident or community recovery activations) or the DPH (in the event of a public health emergency) as soon as the need is identified.

4.3.12 When it is likely that the capacity of statewide whole-of-agency response resources will be overwhelmed, a request for external support will be made by the DHHS Incident Controller in accordance with the arrangements described in the *National Emergency Health Response Arrangements* and / or those described in the TEMP. Figure 4.5 represents the DHHS emergency response action / decision pathway.

Figure 4.5 – DHHS Emergency Response Action / Decision Pathway:



## Stages of Escalation

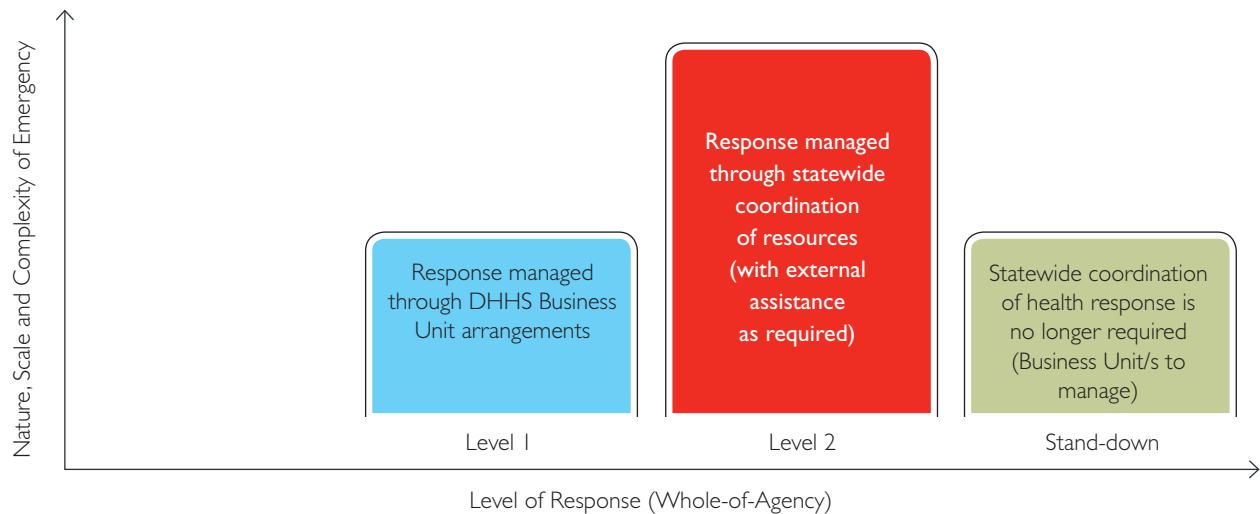
4.3.13 Activation and escalation of emergency response arrangements at the Business Unit and whole-of-agency level are based on a three tier model. These arrangements should be described in all supporting sub plans and associated arrangements in accordance with the indicative actions listed in Table 4.4.

Table 4.4 – Stages of Escalation and Indicative Actions:

Stage of Escalation	Indicative Actions	Remarks
<b>Level 1</b>	DHHS Business Units with specialist response capabilities will: <ul style="list-style-type: none"> <li>· implement their emergency response arrangements;</li> <li>· mobilise resources; and</li> <li>· where applicable, activate their EOC.</li> </ul>	<ul style="list-style-type: none"> <li>· On receipt of information that an emergency is imminent or has occurred.</li> </ul>
<b>Level 2</b>	<ul style="list-style-type: none"> <li>· The DHHS response will be coordinated in accordance with the nature and scale of the emergency at the whole-of agency level.</li> </ul>	<ul style="list-style-type: none"> <li>· On receipt of information that an emergency has occurred and the decision that the coordination of emergency health and human service response resources is required at a statewide level.</li> </ul>
<b>Stand-down</b>	<ul style="list-style-type: none"> <li>· Business Units will manage the incident as required in accordance with normal business processes.</li> </ul>	<ul style="list-style-type: none"> <li>· On assessment that statewide emergency response arrangements are no longer required.</li> </ul>

4.3.14 Subject to the nature and scale of an emergency, the arrangements described in this plan and supporting sub plans and associated arrangements may be activated at short notice and at any readiness stage. In certain circumstances, Level 1 may only be in effect for a short period or bypassed altogether. Assessment of the need to activate response arrangements will be made by those personnel appointed to command positions in accordance with internal response arrangements or as delegated, and will be based on available information, overall situational awareness and future forecasting. Figure 4.6 represents the relationship between the level of response and the nature, scale and complexity of an emergency.

Figure 4.6 – Level of Response



4.3.15 Subject to the level of response required it is likely that any incident of a large scale will overwhelm the response capacity of responding DHHS Business Units. Irrespective of scale, all DHHS Business Units should have clearly documented and understood surge capacity arrangements designed to best manage the case-load and prolong service delivery and / or to facilitate higher level support arrangements when requested / activated. Key enablers will include the prioritisation of Business Unit functions and arrangements for staff sustainment, critical equipment and materials and resource supply chains. Surge capacity arrangements should be included Business Unit business continuity management plans.

## Incident Action Plan

4.3.16 Action taken in response to an emergency should be guided by a set of flexible, strategic arrangements based on available information, overall situational awareness and future forecasting. Together, these elements form the basis of an Incident Action Plan (IAP).

4.3.17 Each activated DHHS Business Unit EOC should develop its own IAP to inform the operational response of the respective Business Unit. At the whole-of-agency level, an IAP will be developed and updated by the Planning Cell within the DHHS ECC in accordance with the intent of the DHHS Incident Controller and with consideration given to the IAPs of activated EOCs. An IAP template is contained as an Annex to the DHHS ECC SOPs and should be used as a guide only. Further information on incident action planning can be found in the publication *The Australasian Inter-service Incident Management System: A Management System for any Emergency 3<sup>rd</sup> Edition* (as amended).

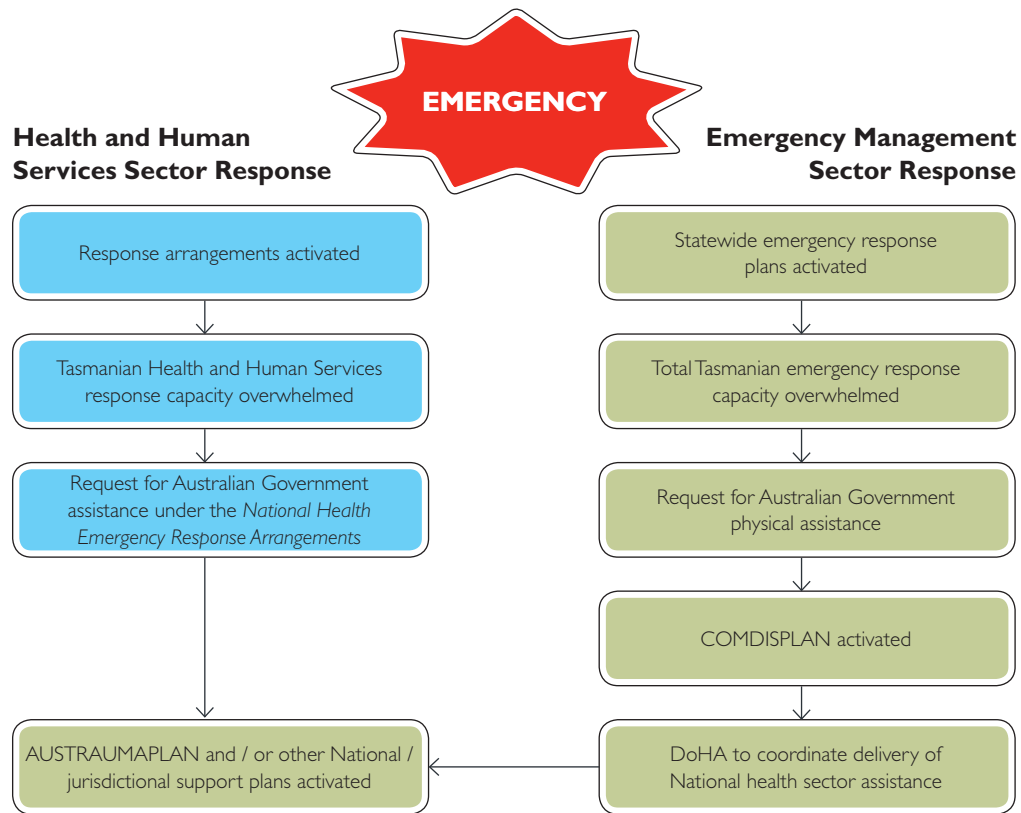
4.3.18 The IAP enables the DHHS Incident Controller and other key decision-makers to plan, manage and coordinate the strategic aspects of the DHHS response. The IAP should acknowledge that any DHHS actions must be timely, scalable and aligned, wherever possible, to existing service delivery arrangements. They must also be integrated across Business Units.

4.3.19 Response operations will be principally delivered at an operational level by relevant Business Units. Should the situation deteriorate to the extent that an emergency declaration is made under the *Public Health Act* or the *Emergency Management Act*, the IAP should be reviewed accordingly.

## External Support Arrangements

4.3.20 Where Tasmania's capacity to manage the health consequences of an emergency is overwhelmed, the need for external support from another jurisdiction and / or the Australian Government will be critical. Any request for Australian Government assistance will be made through the DHHS Incident Controller in accordance with arrangements described in the NHERA and / or the TEMP. Where, in extreme circumstances, the health resources required to manage an emergency are not available on a national scale, the Australian Government will seek international assistance as required. Figure 4.7 represents typical external support arrangements.

Figure 4.7 – Support Arrangements:



**Note:**

The NHERA can operate independently of COMDISPLAN. However, if COMDISPLAN is activated, requests for support under the NHERA must follow the COMDISPLAN pathway.

### Offers of assistance

4.3.21 Where offers of assistance are received from other agencies, individuals, non-government organisations or other jurisdictions, they are to be directed to the DHHS ECC (where activated) or alternatively to the responding Business Unit EOC. The DHHS ECC will acknowledge receipt of all offers and communicate them to the relevant decision-makers as appropriate. At the direction of the DHHS Incident Controller, the DHHS ECC, in consultation with the SCC (if activated) will coordinate any action necessary to accept, receive, integrate and sustain external offers of assistance.

## Providing Assistance

4.3.22 Where, through the Australian Government, Tasmania is requested to provide assistance at an inter-jurisdictional, national or international level, any health-based response capability raised will, in the first instance, be coordinated at an operational level by RMCs (in the case of medical assets), by AT (in the case of ambulance and paramedical assets) or by the Coordinator Community Recovery Preparedness (in the case of community recovery assets). High-level coordination will be provided by the OCHO. If required to deploy overseas as part of an Australian Medical Assistance Team, the Australian Government will manage deployment administration and logistics in accordance with existing processes.

# Section 4.4 – Recovery

## Overview

4.4.1 The TEMP and the TRP describe statewide recovery arrangements, including the roles and responsibilities to be managed and coordinated by the DHHS. Within this context, the Agency's primary responsibilities are activated once an event is beyond the capacity of local government (either individually or collectively within a region) to manage or coordinate the required services.

4.4.2 Activation of DHHS community recovery arrangements occurs through regional emergency management arrangements where an emergency impacts a number of municipal areas or by other means subject to the nature and scale of the emergency. In these circumstances the DHHS is required to either deliver directly, or have arrangements in place to coordinate, a range of services to support the emotional, social and physical well-being of emergency affected people.

4.4.3 The Agency maintains a level of capacity and preparedness through Regional Community Recovery Committees which have been established in the South, North and North West. Each Committee, chaired by a DHHS appointed Regional Community Recovery Coordinator, has representation from a range of service providers across the three tiers of government and the non-government sector.

4.4.4 Each Committee is linked to their respective Regional Emergency Management Committee. Members of Regional Community Recovery Committees provide a recovery response capability within an agreed set of arrangements or SOPs.

4.4.5 The nature and extent of an emergency will determine the services that need to be activated and / or the capacity to activate any particular service. Initially, services would focus on providing the basics such as shelter, food and water, personal hygiene, clothing, psychological support, information and registration.

4.4.6 Regional Community Recovery Committees have established a number of strategies to meet the most common needs that can emerge in an emergency. However, not all strategies will be activated for each emergency nor does it mean that there is a capacity to deliver a particular strategy in response to a particular emergency.

## Community Recovery Considerations

4.4.7 Typical considerations for immediate and long-term community recovery include, but are not limited to:

- a. provision of immediate relief services to affected individuals and families;
- b. assessing community recovery needs across the four PPRR elements, and prioritising the actions required;
- c. developing, implementing and monitoring the provision of community recovery activities that are aligned as much as possible with municipal long-term planning and goals;
- d. enabling communication with the community and community participation in decision making; and
- e. where possible, contributing to future mitigation requirements or improvements to planning requirements (e.g. through debrief processes).

4.4.8 In accordance with national principles for recovery, and as outlined in the TEMP, effective recovery involves whole-of-government with its recovery partners in planned and coordinated activities across the four elements of psycho-social, economic, infrastructure and environmental. As a SSP, the TRP describes statewide arrangements for recovery in Tasmania. The TRP provides a broad framework for a range of more localised and event-specific recovery plans, which are tailored to the requirements of an emergency as appropriate, and which support the affected community to manage its own recovery.

4.4.9 The DHHS acknowledges that the coordinated and planned process of supporting emergency affected communities is critical in the reconstruction of the physical infrastructure, rehabilitation of the natural environment, re-establishment of the local economy, and restoration of emotional, social, economic, and physical well-being of individuals and communities (including addressing the psycho-social implications of an emergency). The recovery arrangements described in this plan are deliberately broad and holistic in nature as detailed arrangements are described in the TRP, the DHHS Community Recovery Plan (which describes the arrangements internal to the DHHS in order to perform the duties assigned to the Agency under the TRP) and supporting community recovery arrangements at the Business Unit level (which describe the measures internal to each Business Unit in order to perform their duties as assigned under the DHHS Community Recovery Plan).

## Anticipated Consequences

4.4.10 The nature and scale of an emergency will determine the level of DHHS community recovery response required. Smaller incidents are likely to be appropriately managed through existing arrangements and support services and / or support provided directly through the local community. Longer-term recovery focuses on assisting the affected community in recovery planning and community development activities in order to support the community return to normal community functioning. The DPAC is responsible for the coordination of recovery services at the whole-of-government level while the DHHS is primarily responsible for the delivery of psycho-social based services (see Table 4.2) and, through the DHHS Community Recovery Sub-Committee to the SHHSEC, providing support to an Affected Area Community Recovery Committee or a State level Community Recovery Task Force, as required.

# Section 4.5

## Roles and Responsibilities

4.5.1 This section describes the emergency management roles and responsibilities specific to each DHHS Business Unit. Business Units have been split into two separate groupings; departmental and operational. Departmental Business Units provide high-level strategic advice in order to support operational Business Units deliver health and human services. Operational Business Units provide the capability to deliver health and human services to the Tasmanian community against the policies, plans and standards set by departmental units.

**Note:**

*The Business Units listed herein reflect the DHHS organisational structure at the time of publication and is subject to change.*

4.5.2 Although not an exhaustive list, the following acts as a guide for each Business Unit to focus their emergency management efforts on pre-identified hazards and / or specific functions. Inherent to this process each Business Unit should undertake a comprehensive risk management process to best identify additional hazards and risks in order to further value add to individual and collective whole-of-agency emergency management capabilities.

### Departmental Business Units

#### Community Development, Disability and Housing:

Primary Role	Emergency Management Roles and Responsibilities
<p>The primary role of Community Development, Disability and Housing is to improve the health, wellbeing and safety of children, young people, families and people with disabilities with a focus on early intervention and client-centred practices. Community Development, Disability and Housing deliver a range of human service-based capabilities as well as providing an enabling support capability to operational Business Units.</p>	<ul style="list-style-type: none"> <li>• Administer financial assistance (under Tasmanian Relief and Recovery Arrangements for personal hardship and distress).</li> <li>• Support outreach services, personal and community support initiatives.</li> <li>• Develop and maintain business continuity management arrangements.</li> <li>• Support the facilitation of emergency response systems at the operational level as required.</li> </ul>

## Health and Hospitals

Primary Role	Emergency Management Roles and Responsibilities
<p>The primary role of Health and Hospitals is to provide advice and guidance on systems-based reform and development, safety and quality, workforce planning and development, statewide medication services, and human resource services. Although not traditionally associated with emergency management, Health and Hospitals provides an enabling support capability to operational Business Units, particularly each AHS.</p>	<ul style="list-style-type: none"> <li>· Develop and maintain an Emergency Staff Support Management Plan that includes processes for:               <ol style="list-style-type: none"> <li>1. recruiting and secondment;</li> <li>2. short-term contractual arrangements with non-government employees;</li> <li>3. induction processes;</li> <li>4. remuneration;</li> <li>5. intra-agency, inter-agency, inter-jurisdictional resource sharing and support;</li> <li>6. professional indemnity;</li> <li>7. occupational health and safety considerations; and</li> <li>8. arrangements for informing Business Units of these processes.</li> </ol> </li> <li>· Coordinate statewide pharmaceutical support arrangements.</li> <li>· Develop and maintain business continuity management arrangements.</li> <li>· Support the facilitation of emergency response systems at the operational level as required.</li> </ul>

## Office of the Chief Financial Officer / Business Services Network:

Primary Role	Emergency Management Roles and Responsibilities
<p>The primary role of the Office of the Chief Financial Officer / Business Services Network is to provide whole-of-agency corporate and administration support services in order to support all Business Units meet their business objectives. Although not traditionally associated with emergency management, the Office of the Chief Financial Officer / Business Services Network provides an enabling support capability to operational Business Units.</p>	<ul style="list-style-type: none"> <li>· Coordinate and manage the Agency's financial administration (in the event of a major emergency).</li> <li>· Promulgate advice as required outlining how emergency related costs are to be managed and reimbursed, including reference to whole-of-agency / government policy as appropriate.</li> <li>· Ensure that emergency management considerations (including infection control) are incorporated into the planning, design and construction of all new or refurbished Agency health care facilities.</li> <li>· Ensure all DHHS facilities operate in accordance with the requirements of Australian Standard 3745:2010 (as amended).</li> <li>· Develop and maintain business continuity management arrangements.</li> <li>· Support the facilitation of emergency response systems at the operational level as required.</li> </ul>

## Office of the Chief Health Officer:

Primary Role	Emergency Management Roles and Responsibilities
<p>The primary role of the Office of the Chief Health Officer is to provide clinical leadership and oversee arrangements for whole-of-agency clinical governance, medical workforce training and education, emergency preparedness and coordination, pharmaceutical regulation, health research and ethics, as well as develop and maintain a suite of clinical networks.</p>	<ul style="list-style-type: none"> <li>• Provide high-level strategic advice with regard to emergency PPRR capability development and consequence management.</li> <li>• Develop and maintain multi-agency and inter-governmental emergency management networks.</li> <li>• Support the DHHS emergency management corporate governance framework.</li> <li>• Develop and maintain a suite of emergency management planning arrangements, including the DHHS Emergency Management Plan, the Tasmanian Mass Casualty Management Plan, and the DHHS Community Recovery Plan.</li> <li>• Support coordination of emergency management exercises.</li> <li>• Raise and sustain operation of the DHHS ECC as and when required subject to the nature of an emergency.</li> <li>• Manage the emergency provisions of the <i>Poisons Act 1971</i>.</li> <li>• Develop and maintain business continuity management arrangements.</li> <li>• Support the facilitation of emergency response systems at the operational level as required.</li> </ul>

## Office of the Chief Nurse and Allied Health:

Primary Role	Emergency Management Roles and Responsibilities
<p>The primary role of the Office of the Chief Nurse and Allied Health is to provide high-level strategic advice and facilitate effective management of whole-of-agency nursing, midwifery and allied health professional issues. Although not traditionally associated with emergency management, the Office of the Chief Nurse and Allied Health provides an enabling support capability to operational Business Units.</p>	<ul style="list-style-type: none"> <li>• Develop and maintain business continuity management arrangements.</li> <li>• Support the facilitation of emergency response systems at the operational level as required.</li> </ul>

## Policy, Information and Commissioning:

Primary Role	Emergency Management Roles and Responsibilities
<p>The primary role of Policy, Information and Commissioning is to provide the DHHS with a central point for the strategic development, coordination, liaison, consultation and / or management of its consumer focused service delivery frameworks. Although not traditionally associated with emergency management, Policy, Information and Commissioning provides an enabling support capability to operational Business Units.</p>	<ul style="list-style-type: none"> <li>· Develop and maintain business continuity management arrangements.</li> <li>· Support the facilitation of emergency response systems at the operational level as required.</li> </ul>

## Strategic and Portfolio Services:

Primary Role	Emergency Management Roles and Responsibilities
<p>The primary role of Strategic and Portfolio Services is to support the provision of departmental services including, but not limited to, supporting the Secretary and Departmental Executive Board; providing departmental leadership and direction; providing whole-of-agency administration; providing guidance on corporate culture and processes; supporting Agency-wide communications; and providing leadership on major issues to be managed by the Agency and the Ministers.</p>	<ul style="list-style-type: none"> <li>· Initial point of contact and coordination for emergency communications issues.</li> <li>· Provide media management services and public information support services, and assist with all-staff communications.</li> <li>· Maintain the DHHS Emergency Communications Processes and Procedures.</li> <li>· Provide a conduit to the Secretary, Departmental Executive Board and Ministers in the event of an emergency.</li> <li>· Support the facilitation of emergency response systems at the operational level as required.</li> <li>· Develop and maintain business continuity management arrangements.</li> </ul>

## Operational Business Units

### Ambulance Tasmania:

Primary Role	Emergency Management Roles and Responsibilities
<p>The primary role of AT is to provide statewide emergency ambulance care, patient transport and medical retrieval services (including inter-jurisdictional movements), and coordinate other providers of road ambulance services. In the event of a large scale emergency, AT is responsible for the onsite management of all health and human service based response elements through a designated Ambulance Commander.</p>	<ul style="list-style-type: none"> <li>• AT is responsible for the onsite medical management of casualties including, but not limited to:               <ol style="list-style-type: none"> <li>1. casualty triage;</li> <li>2. treatment;</li> <li>3. coordinating casualty transportation (including aero-medical operations); and</li> <li>4. on site casualty registration.</li> </ol> </li> <li>• Maintain an independent telecommunications capability.</li> <li>• Provide personnel for specialised response capabilities (e.g. Urban Search and Rescue Teams).</li> <li>• Manage the emergency provisions of the <i>Ambulance Service Act 1982</i>.</li> <li>• Develop and maintain business continuity management arrangements.</li> </ul>

#### Key Appointments

4.5.3 In response to a major emergency AT may appoint an Ambulance Commander who is responsible for:

- a. managing the delivery of the onsite medical treatment;
- b. providing a conduit to the AT Incident Management Team located at the AT State Operations Centre;
- c. requesting additional onsite resources (personnel and equipment – including MAT);
- d. commanding the actions of any MAT, volunteer service providers (e.g. St John Ambulance) and medical-volunteers (e.g. GPs); and
- e. providing technical direction and advice.

#### Note:

*Where an emergency is spread across a number of sites or is spread over a large area, additional Ambulance Commanders may be appointed. Notwithstanding the need for a single command and control structure at an incident site, any on-site medical assistance not 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 who will have overall command and control of all on-site health care services providers.*

### Patient Transport

4.5.4 In accordance with existing arrangements, patient transport will be coordinated by AT. The most appropriate means of casualty transportation will be based on patient categorisation and available assets. Patient destination will be determined by the RMC with advice from the DHHS Incident Controller, as appropriate. Existing support arrangements will be activated as required by AT.

4.5.5 Where patient transfers are required, each hospital will activate arrangements with AT for decanting patients. If there is a need for assistance beyond these arrangements, this will be communicated to the DHHS Incident Controller.

4.5.6 The use of any medical evacuation capability to either another AHS or interstate facility will be coordinated through AT. All patient movements will be 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, EMA will (on approval) be requested to activate the Australian Medical Transport Coordination Group to coordinate the delivery of additional aero-medical resources.

### Area Health Services:

Primary Role	Emergency Management Roles and Responsibilities
<p>The primary role of each Area Health Service is the delivery of tertiary and primary care services and to lead and coordinate recovery support (psycho-social) to the Tasmanian community through a regional model – North West, North and South. Notwithstanding the differences in regional arrangements and business processes, for standardisation, commonality and to ensure interoperable arrangements, each AHS have the same emergency management roles and responsibilities, relative to their region and on a collective basis when applied statewide.</p>	<ul style="list-style-type: none"> <li>• Provide primary and acute clinical services in response to an emergency.</li> <li>• Coordinate REMC recovery arrangements, including:               <ol style="list-style-type: none"> <li>1. coordination of the Regional Community Recovery Committee;</li> <li>2. provision of relief and personal support activities as part of an immediate response to an emergency;</li> <li>3. provision of assistance as required to the coordination of long term recovery planning and initiatives in partnership with local government; and</li> <li>4. as part of the REMC contribute to the planning and coordination of physical, economic and environmental aspects of community recovery.</li> </ol> </li> <li>• Develop and maintain hazardous material and chemical, biological and radiological decontamination capabilities (at the hospital precinct).</li> <li>• Raise and sustain operation of Hospital / AHS EOC as and when required.</li> <li>• Develop and maintain a repository of personal protective equipment to support AHS operations and specifically planned emergency response activities.</li> <li>• Within available resources, raise, train and sustain a Medical Assistance Team capability with a capacity to mobilise and deploy at short notice.</li> <li>• Develop and maintain a suite of emergency management planning arrangements in accordance with legislated requirements, accreditation purposes and jurisdictional and Australian government planning requirements.</li> <li>• Support mortuary arrangements.</li> <li>• Assist coordinate pharmaceutical support arrangements.</li> <li>• Develop and maintain business continuity management arrangements.</li> </ul>

#### *Medical Assistance Teams (MAT)*

4.5.7 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. 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 from AHS to AHS, 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). Where a protracted response is required, the delivery of ongoing MAT capability will be coordinated by RMCs and the DHHS Incident Controller by pooling resources to substitute any onsite MAT until no longer required or augmented by external assets.

#### *Key Appointments*

4.5.8 Each AHS CEO has appointed a suitably qualified and experienced person as their RMC. In consultation with the DHHS Incident Controller, the RMC is responsible for:

- a. coordinating the overall AHS / operational-based health service response;
- b. maintaining core health services;
- c. coordinating casualty receiving hospitals and supporting facilities;
- d. coordinating the decanting of existing patients;
- e. developing and maintaining a collaborative approach across the emergency management sector within their AHS boundaries and at a local government level for relevant PPRR initiatives;
- f. developing an AHS MAT capability within available resources;
- g. providing technical and clinical management advice;
- h. providing consequence management advice to the DHHS Incident Controller and AHS CEO; and
- i. pre and post incident liaison with General Practice.

4.5.9 Each AHS has a suitably qualified and experienced person appointed as their Regional Community Recovery Coordinator (RCRC). The RCRC is responsible for:

- a. coordinating the development and maintenance of the community recovery capability within the region in accordance with the Agency's responsibilities;
- b. maintaining a state of preparedness and enhanced capacity through development of local resilience, skills training and exercises;
- c. coordinating a range of services to support the emotional, social and physical well-being of emergency affected people;
- d. coordinating resources to meet the commitment of the DHHS undertaken in regional and local government recovery plans;
- e. providing consequence management advice to the Regional Controller and / or the DHHS Incident Controller, AHS CEO, and Human Services sector area managers;
- f. developing and maintaining a collaborative approach across the emergency management sector within the region and at a local government level;

- g. providing reports and advice on recovery issues as a result of an emergency event; and
- h. providing support to any Affected Area Recovery Committee or Task Force established within the region.

### Children and Youth Services:

Primary Role	Emergency Management Roles and Responsibilities
<p>The primary role of Children and Youth Services is to deliver, or support the delivery of, a range of services including, but not limited to, adoption and permanency, child health and parenting, child protection, and youth justice services. Although not traditionally associated with emergency management, Children and Youth Services provides an integral support capability for those children and families in need of social support as the result of an emergency.</p>	<ul style="list-style-type: none"> <li>· Provide immediate-short term emergency care for children.</li> <li>· Administer financial assistance (under Tasmanian Relief and Recovery Arrangements for personal hardship and distress).</li> <li>· Develop and maintain business continuity management arrangements.</li> </ul>

### Housing Tasmania:

Primary Role	Emergency Management Roles and Responsibilities
<p>The primary role of Housing Tasmania is to ensure access to adequate, affordable, appropriate and secure housing for Tasmanians on low incomes. Although not traditionally associated with emergency management, Housing Tasmania provides an integral support capability for those temporarily displaced as the result of an emergency.</p>	<ul style="list-style-type: none"> <li>· Coordinate the provision of emergency accommodation as required.</li> <li>· Administer financial assistance (under Tasmanian Relief and Recovery Arrangements for personal hardship and distress).</li> <li>· Develop and maintain business continuity management arrangements.</li> </ul>

## Population Health:

Primary Role	Emergency Management Roles and Responsibilities
<p>The primary role of Population Health is to develop and promote a wide range of health promotion and health protection initiatives, and provide specialist advice on issues related to public and environmental health, population and health priorities, epidemiology, and infection prevention and mitigation and control. The Director of Public Health is a statutory appointment and becomes the DHHS Incident Controller for Public Health emergencies and has wide-ranging emergency powers under the <i>Public Health Act 1997</i>.</p>	<ul style="list-style-type: none"> <li>• Develop and maintain a suite of whole-of-agency public health emergency management planning arrangements, including the Tasmanian Public Health Emergencies Management Plan (as a State Special Plan).</li> <li>• Raise and sustain (with additional resources as required) operation of the Public Health EOC and / or the DHHS ECC as and when required subject to the nature of an emergency.</li> <li>• Manage the emergency provisions of the <i>Public Health Act 1997</i>, <i>Food Act 2003</i>, <i>Radiation Protection Act 2005</i>, and the <i>Quarantine Act 1901</i> (Commonwealth).</li> <li>• Provide strategic, high level advice and operational response with regard to public health emergencies.</li> <li>• Develop and maintain a comprehensive communicable disease surveillance system, compatible with national arrangements.</li> <li>• Support and maintain multi-agency and inter-governmental public health emergency management networks.</li> <li>• Develop and maintain business continuity management arrangements.</li> </ul>

## Statewide and Mental Health Services:

Primary Role	Emergency Management Roles and Responsibilities
<p>The primary role of Statewide and Mental Health Services is to provide a range of specialist services to clients and their families in order to treat, support and manage those with a mental illness; those who are affected by alcohol, tobacco and other drug use; those within the Tasmanian Prison Service who require primary health care and treatment; and, provide community and inpatient mental health services for those with a mental health disorder who are involved with the criminal justice system. Cancer screening and oral health services are also delivered statewide. Although not traditionally associated with emergency management, Statewide and Mental Health Services provide an integral support capability to DHHS Business Units with emergency management capabilities.</p>	<ul style="list-style-type: none"> <li>• Provision of specialist assessment and intervention services for people with mental health issues or for those people identified by psycho-social support services as requiring access to specialist care for psychological issues associated with an emergency.</li> <li>• Develop and maintain business continuity management arrangements.</li> </ul>

## Statewide Forensic Medical Services:

Primary Role	Emergency Management Roles and Responsibilities
<p>The primary role of the Statewide Forensic Medical Services is to provide forensic pathology services to the people of Tasmania, the Coroner, the Courts and the DHHS. Within the context of emergency management the primary responsibility of Statewide Forensic Medical Services is to support the delivery of forensic services to the Coroner by assisting perform coronial autopsies on multiple fatalities as and when required.</p>	<ul style="list-style-type: none"> <li>· Support the delivery of forensic services to the Coroner.</li> <li>· Develop and maintain business continuity management arrangements.</li> </ul>

### *Management of Deceased Persons*

4.5.10 The reality of a major emergency is the likelihood of mass fatalities. Due to the circumstances surrounding an emergency, any resultant deaths may be investigated by the Coroner. The management of deceased persons, including accurate identification through disaster victim identification arrangements, notifying the next of kin, and movement for further forensic purposes will be coordinated by TASPOL.

4.5.11 While the arrangements for coronial services are described in the Coronial Services SSP, which is maintained by the Department of Justice, the Statewide Forensic Medical Services will support the delivery of forensic services to the Coroner by assisting perform coronial autopsies on multiple fatalities as and when required.

# Section 5 – Plan Administration

## Overview

5.1 This section describes the administrative arrangements associated with this plan including the primary point of contact, document history, maintenance / review requirements, distribution list, summary of stakeholder consultation, communication and validation arrangements.

## Primary Contact

5.2 This plan is maintained by the Emergency Preparedness and Coordination Unit within the Office of the Chief Health Officer for the Department of Health and Human Services. The maintenance of all supporting sub plans and associated arrangements rests with responsible Business Units. Feedback regarding this plan should be made in writing to:

**Email:** emergency.management@dhhs.tas.gov.au

**Mail:** Emergency Preparedness and Coordination Unit  
Office of the Chief Health Officer  
GPO Box 125  
Hobart TAS 7001  
Australia

## Review Requirements and Issue History

5.3 In order to align with TEMP and State Special Plan requirements, this plan will be reviewed at least once every two-years. The plan will also be reviewed / updated on the following occasions:

- a. At the conclusion of a major emergency in which multiple arrangements described in this plan were activated.
- b. On the introduction of any major organisational reform or legislative changes that affect the DHHS or its key stakeholders.

5.4 This is version 1.0 of the *Department of Health and Human Service Emergency Management Plan*. The electronic copy, maintained on the DHHS Emergency Preparedness and Coordination Website, is the master copy and, as such, is the only copy which is recognised as current. Outdated versions should be destroyed, or clearly marked as superseded and removed from general circulation.

Version No.	Year Approved	Comments / Summary of Main Changes
1.0	2011	First version of the DHHS Emergency Management Plan

## Distribution

5.5 This plan will be available electronically on the DHHS Emergency Preparedness and Coordination website.

## Consultation

5.6 This plan was written by the Emergency Preparedness and Coordination Unit, within the Office of the Chief Health Officer. The main round of consultation occurred over the period March – April 2011. Prior to sign-off by the Secretary, this plan was endorsed by the State Health and Human Services Emergency Committee and approved by the DHHS Departmental Executive Board.

## Communications Summary

5.7 This plan will be communicated as follows:

- a. Courtesy print copies sent to key stakeholders.
- b. Noted by the SHHSEC and all SHHSEC sub-committees.
- c. Maintained on the DHHS Emergency Preparedness and Coordination website.
- d. Communicated through statewide emergency management forums.

## Validation of this Plan

5.8 The arrangements described in this plan will be validated within the two-year review cycle by:

- a. participating, where possible, in regional, state and national exercises;
- b. conducting / participating in relevant debriefs; and
- c. OCHO will coordinate periodic review, evaluation and exercising of this plan with the following aims:
  - i. Educate relevant departmental and operational Business Units about DHHS emergency PPRR arrangements, their roles and responsibilities and those of other agencies.
  - ii. Identify health and human service-based emergency PPRR processes (including capability shortfalls) that can be refined and improved.

5.9 At a minimum, exercises will be conducted at least once every two years and may include, but are not limited to, discussion / desktop, Emergo Train and, where possible, deployment exercises as part of DHHS, multi-agency and / or inter jurisdictional initiatives. Not all components of this plan will be necessarily exercised at the one time.

# Section 6 – Annexes

## Associated Documents

### Legislation

	Title	Agency
<b>State</b>	<i>Ambulance Service Act 1982</i>	DHHS
	<i>Emergency Management Act 2006</i>	DPEM
	<i>Food Act 2003</i>	DHHS
	<i>Poisons Act 1971</i>	DHHS
	<i>Public Health Act 1997</i>	DHHS
	<i>Radiation Protection Act 2005</i>	DHHS
<b>Commonwealth</b>	<i>National Health Security Act 2007</i>	Multiple
	<i>Quarantine Act 1908</i>	Multiple

### Note:

See [www.thelaw.tas.gov.au](http://www.thelaw.tas.gov.au) for Tasmanian legislation or [www.comlaw.gov.au](http://www.comlaw.gov.au) for Commonwealth legislation.

Plans / Arrangements

	Title	Custodian
<b>National</b>	National Health Emergency Response Arrangements	AHPC
	COMDISPLAN	EMA
	AUSTRAUMAPLAN	DoHA
	OSMASSCASPLAN	EMA
	NCTP	AGD
	NAPHIP	PMC
	AHMPPPI	DoHA
<b>State</b>	Tasmanian Emergency Management Plan	SES
	Regional Emergency Management Plans	SES
	Coronial Arrangements (State Special Plan)	DoJ
	Hazardous Materials and CBRN Emergencies (State Special Plan)	TFS
	Search and Rescue Emergencies (State Special Plan)	TASPOL
	Severe Weather Events and Land Stability Emergencies (State Special Plan)	SES
	State Fire Protection Plan (State Special Plan)	TFS
	Structural Collapse Arrangements (State Special Plan)	TFS
	Tasmanian Action Plan for Human Influenza Pandemic (including Human Influenza Pandemic Manual)	DPAC
	Tasmanian Counter-Terrorism Plan (State Special Plan)	TASPOL
	Transport Crash Emergencies (State Special Plan)	TASPOL
	Tasmanian Mass Casualty Management Plan (State Special Plan)	DHHS
Tasmanian Public Health Emergencies Management Plan (State Special Plan)	DHHS	
Tasmanian Recovery Plan (State Special Plan)	DPAC	
<b>Municipal</b>	Municipal Emergency Management Plans	Local Government

DHHS Documents

	Title	Approved by	Reviewed	Custodian
<b>State</b>	Ambulance Tasmania Multi-Casualty Incident Plan	AT CEO		AT
	DHHS Community Recovery Plan	DE		OCHO
	DHHS Emergency Communications Processes and Procedures	DE	Every two-years or after activation or after significant Agency, Business Unit restructure	SPS
	National Medical Stockpile Tasmanian Distribution Plan	CHO		OCHO
	Tasmanian Health Action Plan for Pandemic Influenza	DPH		PoH
<b>Other</b>	AHS Supporting Community Recovery Arrangements	AHS CEO / CHO		AHS
	Business Unit Business Continuity Management Plans	Business Unit Executive		Business Unit
	Business Unit EOC Operating Procedures	Business Unit Executive		Business Unit
	DHHS ECC Operating Procedures	CHO		OCHO
	LGH Code Brown Plan	AHS CEO		LGH
	MCH Code Brown Plan	AHS CEO	Every two-years or after activation or after significant Agency, Business Unit restructure	MCH
	NAHS Mass Casualty Management Plan	AHS CEO		NAHS
	NWAHS Mass Casualty Management Plan	AHS CEO		NWAHS
	NWRH Code Brown Plan	AHS CEO		NWRH
	RHH Code Brown Plan	AHS CEO		RHH
	STAHS Mass Casualty Management Plan	AHS CEO		STAHS
	Supporting Public Health Emergency Management Arrangements	DPH		PoH





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## CONTACT

Emergency Preparedness  
and Coordination Unit

Office of the Chief Health Officer  
GPO Box 125  
Hobart TAS 7001  
Australia