



Queensland Health

# **Public Health Sub-plan**

Sub-plan of the QHDISPLAN



**Queensland**  
Government



The Department of Health acknowledges the Traditional Owners and Custodians of the lands, waters and seas across the State of Queensland and pays our respects to the Elders past and present. We value the culture, traditions, and contributions that the Aboriginal and Torres Strait Islander peoples have made to our communities and recognise that our collective responsibility as government, communities and individuals are to ensure equity and equality, recognition, and advancement of Aboriginal and Torres Strait Islander peoples in Queensland in every aspect of our society. Aboriginal and Torres Strait Islander peoples are advised that this publication may contain the names and/or images of deceased people.

## Public Health Sub-plan - Sub-plan of the QHDISPLAN

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# Snapshot: Public Health Sub-plan

The Queensland Health Public Health Sub-plan (the Sub-plan) is a Sub-plan to the Queensland Health Disaster and Emergency Incident Plan (QHDISPLAN).

## Authority to activate

Activation of the Sub-plan will occur at the discretion of the State Health Coordinator, as delegated by the Director-General, and would automatically trigger activation of the QHDISPLAN at the same level. Activation of the Sub-plan may be recommended by the following roles:

- Chief Health Officer, Department of Health
- Deputy Director-General, Queensland Public Health and Scientific Services (QPHaSS)
- Executive Director, Health Protection and Regulation Branch
- Executive Director Communicable Diseases Branch.

## Purpose

The purpose of the Sub-plan is to describe:

- the public health incident classification levels
- the working arrangements when responding to a public health incident
- the triggers and operations of the State Public Health Emergency Operations Centre (PHEOC)
- the process for public health requests for assistance (RFA)
- governance and responsibilities when responding to all public health incidents
- public health roles, communication pathways and reporting requirements

## Public health hazards

Public health hazards include (but are not limited to) air quality, communicable disease pathogens, drinking water quality, environmental pathogens, medicines and poisons, food safety, hazardous waste (including asbestos), mosquitos, recreational water quality, pest management, vaccine supply (including cold chain management) and radiation safety.

## Public health incident

A public health incident is a public health hazard that has actual or potential negative consequences for human health on a population basis.

## State PHEOC

The State PHEOC is a department-led emergency operation centre from which the incident management team (IMT) operate to manage a public health incident. The Public Health Incident Controller (PHIC) leads the IMT.

The State PHEOC may activate independently to the State Health Emergency Coordination Centre (SHECC). When the SHECC is activated, the State PHEOC reports into the SHECC.

## Classification of public health incidents

	Brief description
Level 1	A public health incident impacting a <b>single Hospital and Health Service (HHS)</b> .
Level 2	A public health incident impacting <b>multiple HHSs</b>
Level 3	A <b>major public health incident</b> requiring activation of the Sub-plan

Table 1: Classification of incident levels

## Triggers for activation

The Sub-plan may be activated when:

- the State Health Coordinator determines management of a public health incident requires activation of the Sub-plan
- the QHDISPLAN may be activated in response to a disaster event
- in preparation for or in response to a major event that may result in or has potential for a public health incident
- a public health event of state significance is declared under the *Declaration and management of a public health event of state significance* Health Service Directive.
- a public health emergency is declared under the *Public Health Act 2005*.

# Authority

The Queensland Health Public Health Sub-plan (the Sub-plan) is issued under the authority of the Director-General and is a sub-plan of the Queensland Health Disaster and Emergency Incident Plan.

The Sub-plan will be activated under the authority of the State Health Coordinator (SHC). Recommendation for activation of the Sub-plan may be issued by:

- Chief Health Officer, Department of Health
- Deputy Director-General, Queensland Public Health and Scientific Services (QPHaSS)
- Executive Director, Health Protection and Regulation Branch
- Executive Director, Communicable Diseases Branch.

# Governance

The Sub-plan is to be read in conjunction with the following documents:

- Queensland Health Disaster and Emergency Incident Plan (QHDISPLAN)
- Health Service Directive (HSD) 046:2014: *Declaration and management of a public health event of state significance*.

Additionally, the Sub-plan can be read in conjunction with the following documents:

- Queensland Health Incident Management System Guideline (QHIMS)
- Queensland Health Mass Casualty Incident Sub-plan
- QH HAZMAT plan (currently under revision)

Hospital and Health Services (HHSs) may have local plans related to disaster management and public health. This Sub-plan should be read in conjunction with local or district plans.

Hazard-specific plans exist for various public health hazards at either a national, state or local level. This Sub-plan does not supersede components of hazard-specific plans.

# Review requirements

The Sub-plan will be reviewed:

1. Annually as a minor review, with amendments made based on potential impact and importance, otherwise a major review will be conducted every three years.
2. Following structural or organisational changes impacting Queensland Health operations.
3. Following legislative changes affecting Queensland Health operations.
4. Following changes in state or federal nomenclature or arrangements.
5. Following activation or major exercises resulting in identified improvements.

# Version control

This plan will be updated electronically and available on the Queensland Health intranet and internet sites. The electronic copy is the master copy and is the copy recognised as being current.

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

Date	Amendment

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# 1 Introduction

## 1.1 Purpose

The purpose of the Sub-plan is to describe:

- the public health incident classification levels
- high-level governance and responsibilities when responding to all public health incidents
- the working arrangements between the Department of Health and HHSs when responding to a public health incident
- the triggers and operations of the State Public Health Emergency Operations Centre (PHEOC)
- public health roles and situation reporting when responding to level 3 public health incidents
  - background and context relating to level 1 and level 2 is provided within this document to differentiate between all three levels of public health incidents
- the process for public health requests for assistance (RFA).

## 1.2 Scope

The Sub-plan applies to the entirety of Queensland Health (Department of Health and HHSs) for the management of public health incidents that may impact the health of Queenslanders.

The Sub-plan **does not**:

- provide or supersede operational components of public health hazard-specific plans. Hazard-specific operational plans and guidelines exist for various public health hazards at either a national, state or local level and should be read in conjunction with this Sub-plan
- include public health hazards managed by local governments within business-as-usual arrangements
- describe public health roles and situation reporting for level 1 or level 2 public health incidents.

## 1.3 Planning hierarchy and framework

The Public Health Sub-plan is a Sub-plan to the QHDISPLAN and may also be referenced by HHS public health disaster management plans. Figure 1. describes the disaster management planning hierarchy and framework.



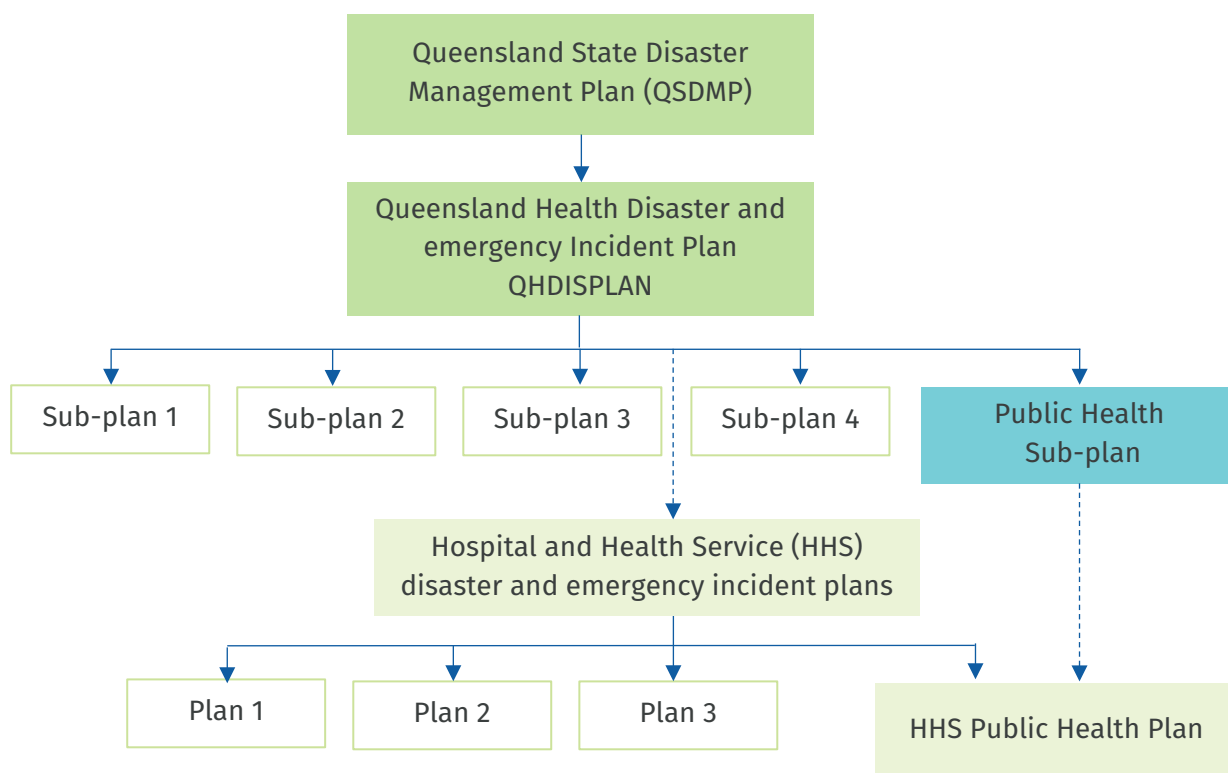


Figure 2: Planning hierarchy and framework

## 2 Context

### 2.1 Public health in Queensland

There are **13 Public Health Units**<sup>1</sup> (PHUs) servicing **16 HHSs** across Queensland. Each PHU provides services to the Queensland community to:

- protect health
- prevent disease, illness and injury
- promote health and wellbeing at a population or whole of community level.

Within the Department, QPHaSS leads state-wide policy, planning and coordination of public health services to protect and promote the health and wellbeing of Queenslanders. QPHaSS contains multiple branches that routinely manage public health hazards:

- **Communicable Diseases Branch** provides state-wide surveillance, prevention and control of communicable/ infectious diseases and promotes the health of Queenslanders by providing and coordinating strategic interventions, evidence-based advice, education and resources, collection of data and monitoring legislation compliance.
- **Health Protection and Regulation Branch** manages and regulates public health hazards by minimising potential harm or illness caused by environmental hazards, diseases and harmful practices and enhancing the protective elements of water quality, food safety, radiation safety and chemical safety. The branch also provides regulatory oversight and administration of community pharmacy ownership, and use of medicines in Queensland.
- **Public Health Intelligence Branch** brings together information and communications technology, data management and epidemiology functions for public health. The branch is responsible for digitally enabling public health through the introduction of technological innovation and driving capability.

Some public health hazards in Queensland are regulated and managed by local governments as devolved by state legislation. Local governments may have local plans for responding to public health incidents. PHUs may be involved in local government public health incidents. The level of involvement is dependent on a variety of factors including legislation, scale and the type of public health incident.

Other state agencies may also have portfolios that directly or indirectly relate to public health. For example, Safe Food Queensland works in partnership with the Department of Primary Industries to regulate primary production and processing of meat, eggs, dairy, seafood and horticulture.

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<sup>1</sup> Public Health Units (PHUs) are located within Hospital and Health Services across the state. Some public health units provide services for more than one HHS. Public health units focus on protecting health, preventing disease, illness, and injury, and promoting health and wellbeing at a population or whole of community level.

Additionally, the nature of the public health hazard will determine if there is a need for collaboration with other state agencies to liaise and work alongside during the event (e.g. Department of the Environment, Tourism, Science and Innovation, Department of Justice, Department of Primary Industries).

The prevention and management of zoonotic incidents is coordinated by the Communicable Diseases Branch. A formal agreement is held with Biosecurity Queensland and Workplace Health and Safety Queensland (WHSQ) for a coordinated One Health approach.

## 2.2 Public health legislation

Relevant **public health and related legislation** which may apply during the phases of disaster and incident management includes:

- *Biosecurity Act 2014*
- *Biosecurity Act 2015 [Cth]*
- *Food Act 2006*
- *Hospital and Health Boards Act 2011*
- *Medicines and Poisons Act 2019*
- *Public Health Act 2005*
- *Disaster Management Act 2003*
- *Public Safety Preservation Act 1986*
- *Radiation Safety Act 1999*
- *Water Supply (Safety and Reliability) Act 2008*
- *Work Health and Safety Act 2011*
- *Environmental Protection Act 1994*

The *Public Health Act 2005* sets out the legislative provisions for **public health emergencies**. The Minister may declare a public health emergency when it is necessary to exercise powers under the *Public Health Act 2005* to prevent or minimise serious adverse effects on human health.

The *Hospital and Health Boards Act 2011* sets out the legislative provisions for health service directives. Health Service Directive - *Declaration and management of a public health event of state significance* ensures HHSs follow the directions of the Chief Health Officer (CHO) or delegate, to manage an incident that has been declared a *public health event of state significance*.

A public health incident may be declared a public health emergency and/or a public health event of state significance. Both declarations **may** act as triggers for activation of the Sub-plan (see section 3.1 Sub-plan activation). Either declaration can occur at any incident level.

## 2.3 Public health hazards

A **public health incident** may arise from a **public health hazard**. A public health hazard may exist in isolation or stem from a natural disaster. A risk assessment is often required to determine if a public health hazard poses an actual or potential risk to human health.

Public health hazards may involve:

- air quality
- communicable disease pathogens
- drinking water quality
- environmental pathogens
- medicines and poisons
- food safety
- hazardous waste
- mosquitoes
- recreational water quality
- pest management
- vaccine supply (including cold chain management)
- radiation safety

## 2.4 Classification of public health incidents

A **public health incident** is

a public health hazard that has actual or potential negative consequences for human health on a population basis.

A public health incident may be classified as a level 1, level 2 or level 3 public health incident. The public health incident level varies based on whether the public health hazard impacts a single HHS, multiple HHSs or is a major public health incident requiring activation of the Sub-plan (see section 3.1 Sub-plan activation). The risk to human health on a population basis may also be considered when determining the appropriate public health incident level.

The public health incident level may be scaled up or down as required. For example, a level 1 or 2 public health incident may escalate to a level 3 public health incident. Conversely, a level 3 public health incident may de-escalate to a level 1 or 2 public health incident. A snapshot of the public health incident levels is included below to provide a general guide for each level.

### Level 1 Public Health Incident

A public health incident impacting a **single HHS**.

- The affected HHS is responsible for managing the public health incident.
- The affected HHS establishes an incident management team (IMT) to manage the incident.
- The Department maintains an advisory role as required.

### Level 2 Public Health Incident

A public health incident impacting **multiple HHSs**.

- The affected HHSs are responsible for managing the public health incident within their jurisdiction.
- The Department and affected HHSs convene an IMT to manage the incident. The IMG determine the incident lead.
- The Department provides advice and may coordinate incident response activities. This may require activation of the State PHEOC.

### Level 3 Public Health Incident

A **major public health incident** requiring activation of the Public Health Sub-plan.

- The Department provides strategic direction for managing the incident and coordinates public health activities across the state.
- The Department nominates a Public Health Incident Controller (PHIC), establish a Department-led IMT and activate the State PHEOC.
- The affected HHSs are responsible for managing the public health incident within their jurisdiction at the direction of the PHIC.
- The affected HHSs must activate their HHS PHEOC and may activate their HEOC.

*Table 2: General guide for incident levels*



	Public Health Incident Levels		
	Level 1 Public Health Incident	Level 2 Public Health Incident	Level 3 Public Health Incident
Description	A public health incident impacting a single HHS.	A public health incident impacting multiple HHSs.	A major public health incident requiring activation of the Public Health Sub-plan <sup>2</sup>
Incident lead	HHS <sup>1</sup>	HHS or the Department (determined by the IMT) <sup>1</sup>	The Department
Plan activation	Local PHU incident management plans may be activated. Local HHS incident management plans may be activated. Public Health Sub-plan and QHDISPLAN are not activated.	Local PHU incident management plans may be activated. Local HHS incident management plans may be activated. Public Health Sub-plan and QHDISPLAN are not activated.	Local PHU incident management plans may be activated. Local HHS incident management plans may be activated. Public Health Sub-plan and QHDISPLAN must be activated.
Strategy (HHS)	The affected HHS is responsible for managing the public health incident.  The affected HHS establishes an IMT to manage the incident.  The affected HHS may activate their HHS PHEOC or HEOC.	The affected HHSs are responsible for managing the public health incident within their jurisdiction.  The Department and affected HHSs convene an IMT to coordinate the incident. The IMT determine the incident lead <sup>2</sup> .  The affected HHS may activate their HHS PHEOC or HEOC.	The affected HHSs are responsible for managing the public health incident within their jurisdiction at the direction of the PHIC.  The affected HHSs must establish their own IMT and have representation at the Department-led IMT.  The affected HHSs must activate their HHS PHEOC and may activate their HEOC.
Strategy (The Department)	The Department maintains an advisory role as required.  The Department may lead the response if resources required exceed local HHS capacity. This must be at the request of the HHS and the Department must agree to lead the response.  The Department may liaise with other states, territories, and the Commonwealth as required.	The Department provides advice and may coordinate incident response activities relevant to the type of incident. This may require activation of the State PHEOC.  The Department and affected HHSs convene an IMT to manage the incident. The IMG determines the incident lead <sup>2</sup> .  The Department may liaise with other states, territories, and the Commonwealth as required.	The Department provides strategic direction for managing the incident and coordinates public health activities across the state.  The Department must nominate a PHIC, establish a Department-led IMT and activate the State PHEOC.  The Department may liaise with other states, territories, and the Commonwealth as required.
Examples	<ul style="list-style-type: none"> <li>• A Foodborne illness outbreak affecting one HHS.</li> <li>• A drinking water incident confined to a single drinking water service provider.</li> <li>• Congenital syphilis in the community.</li> <li>• Transmission of a bloodborne virus at a healthcare facility.</li> </ul>	<ul style="list-style-type: none"> <li>• A foodborne illness outbreak affecting multiple HHSs.</li> <li>• Incursion of an invasive species of mosquito.</li> <li>• Persistent bushfire smoke affecting south-east Queensland.</li> <li>• A drinking water incident that impacts multiple HHS.</li> <li>• Widespread outbreak of congenital syphilis in the community (impacting multiple HHS).</li> </ul>	<ul style="list-style-type: none"> <li>• A novel virus that is highly transmissible with pandemic potential.</li> <li>• A Severe Tropical Cyclone that poses a major public health risk to the community.</li> </ul>

*Table 3: Examples of public health incidents at each level*

<sup>1</sup>The Declaration and management of a public health event of state significance may be activated. Once activated, the HHSs must manage an incident at the direction of the CHO or delegate.

<sup>2</sup>The State Health Coordinator may activate the Public Health Sub-plan in accordance with the triggers for activation (see section 3.1.1. Triggers for activation).

## 3 Operation of the Sub-plan

### 3.1 Sub-plan activation

#### 3.1.1 Triggers for activation

The activation of the Sub-plan will occur when:

- The State Health Coordinator, as delegated by the Director-General, determines it necessary. This would automatically trigger activation of the QHDISPLAN at the same level. Activation of the Sub-plan may be recommended by the following delegates including:
  - Chief Health Officer, Department of Health
  - Deputy Director-General, QPHaSS
  - Executive Director, Health Protection and Regulation Branch
  - Executive Director, Communicable Diseases Branch.
- the QHDISPLAN is activated in response to a **natural disaster** that poses a major public health risk to the community.
- in preparation for or in response to a state-wide **major event** that may result in or has potential for a public health incident (e.g., Brisbane 2032 Olympic and Paralympic Games).
- the *Declaration and management of a **public health event of state significance*** is declared.
- a **public health emergency** is declared under the *Public Health Act 2005*.

Activation of the Sub-plan requires the Department to nominate a Public Health Incident Controller (PHIC), establish a Department-led IMT and activate the State PHEOC.

Activation of the Sub-plan automatically activates the QHDISPLAN at the same level. SHECC must be advised as soon as practicable of the Sub-plan activation.

Activation of HHS or PHU plans do not necessarily result in activation of this Sub-plan.

Activation levels for the Sub-plan follow the same structure described in the QHDISPLAN. These are 'Alert,' 'Lean Forward,' 'Stand Up' and 'Stand Down.'

Levels of activation	Definition
<b>Alert</b>	A heightened level of vigilance and preparedness due to the possibility of an event within the area of responsibility. Some action may be required, and the situation should be monitored by staff capable of assessing and preparing for the potential hazard. Other required stakeholders should be notified.
<b>Lean Forward</b>	An operational state prior to Stand Up, characterised by a heightened level of situational awareness of a disaster event (current or impending) and a state of operational readiness. Resources, staff and EOCs are on standby – prepared but not activated.
<b>Stand Up</b>	When a disaster or emergency incident occurs, and a response is required. Resources are mobilised, personnel are activated, and operational activities commence.
<b>Stand Down</b>	Transition from responding to an event back to core business and/or recovery operations. The event no longer requires a coordinated operational response.

Table 4: Description of each activation level

## 3.1.2 Activation activities

Activation of the Sub-plan initiates several key activities to be undertaken as soon as practicable. The order that activation activities are undertaken may slightly vary depending on the incident.

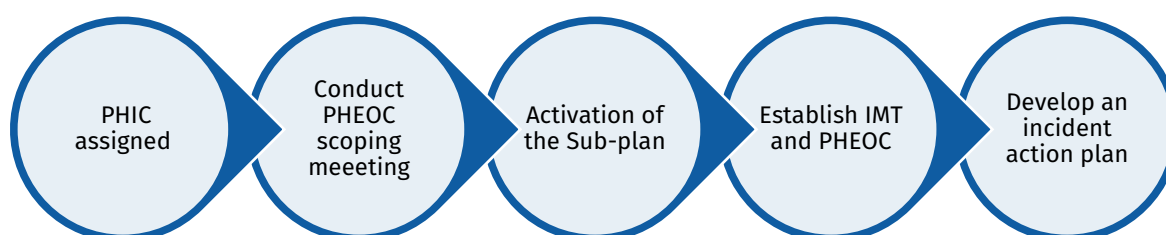


Figure 3: Activation activities

### 3.1.3 State PHEOC scoping meeting

The State PHEOC scoping meeting should be convened as soon as possible by the PHIC. The purpose of the State PHEOC scoping meeting is to:

- confirm the **public health incident and actual/potential impact**
- confirm the **affected HHSs and jurisdictions**
- confirm the incident **activation level** (e.g. Stand Up)
- confirm details of the designated **State PHEOC and resources required**
- confirm the State PHEOC **IMT functions required** (see 3.3.1 Incident management team)
- confirm **meeting and reporting schedules**
- confirm **any immediate action** required to minimise the risk to public health (e.g. media statement or briefings).

### 3.1.4 Incident action plan

The incident action plan determines the response intent, objectives, and strategies within a particular timeframe. The incident action should have input from the IMT and must be approved by the PHIC. The incident action plan should be brief and may include:

- the current situation
- incident objectives and strategies to meet the objectives
- predictions on the incidents future impact
- key risks and actions to mitigate risks identified
- identify key stakeholders in relation to the incident
- an organisational structure of the State PHEOC
- any other plans or procedures that may relate to the incident.

Incident action plans should be routinely reviewed as the incident progresses. An incident action plan template is available on the Public Health Operational and Regulatory Toolbox.

## 3.2 Emergency operation centres

Emergency operation centres are a physical or virtual location for the coordination of information and resources to support incident management activities. The centres are staffed by an IMT (see 3.3.1 Incident Management Team).

### 3.2.1 State Public Health Emergency Coordination Centre

A Department-led, public health emergency operations centre must be activated to manage a level 3 public health incident. This is known as a **State Public Health Emergency Operation Centre (State PHEOC)**. When activated, the Department's public health IMT operates within the State PHEOC.

The State PHEOC may activate independently to the SHECC. However, when the SHECC is activated, the State PHEOC reports into the SHECC.

## 3.2.2 HHS Public Health Emergency Operations Centre

A HHS Public Health Unit-led emergency operations centre may be activated to manage a public health incident. This is known as a **HHS Public Health Emergency Operations Centre (HHS PHEOC)**. When activated, the HHS's public health IMT operates within the HHS PHEOC. A HHS PHEOC may be activated for level 1, level 2 or level 3 public health incidents.

The HHS PHEOC may activate independently of the HHS HEOC. When the HHS HEOC is not activated the HHS PHEOC reports into the State PHEOC for level 3 public health incidents in addition to normal internal briefing processes. However, when the HHS HEOC is activated, the HHS PHEOC reports into the HHS HEOC. Further information on the role of a HHS HEOC is described in the QHDISPLAN.

HHS incident management and response plans may be referred to regarding HHS PHEOC activation, specific roles, and arrangements within the HHS.

## 3.3 Roles and responsibilities

The Queensland Health incident management team arrangements (including incident management functions and coordination structures) are detailed in the QHDISPLAN and the QHIMS Guideline. Both documents are applicable for a public health IMT functions.

### 3.3.1 Incident Management Team

An **Incident Management Team (IMT)** is the term for the personnel who are responsible for managing the incident and **staffing an emergency operations centre**. An IMT may convene without the need to activate an emergency operations centre or activation of the Sub-plan, which may include initial preparedness and enhanced intelligence activities.

The IMT functions applicable to a public health incident may include a Public Health Incident Controller, Duty Manager, Operations, Logistics, Planning, Intelligence, Media and Communications, Administration, Finance and Liaison (refer to the QHIMS Guideline).



IMT structures must be both scalable and flexible to adjust to the public health incident. Some IMTs may require less functions and see one individual undertaking multiple roles, whereas larger IMTs for significant and protracted events may have multiple individuals assigned to a single function.

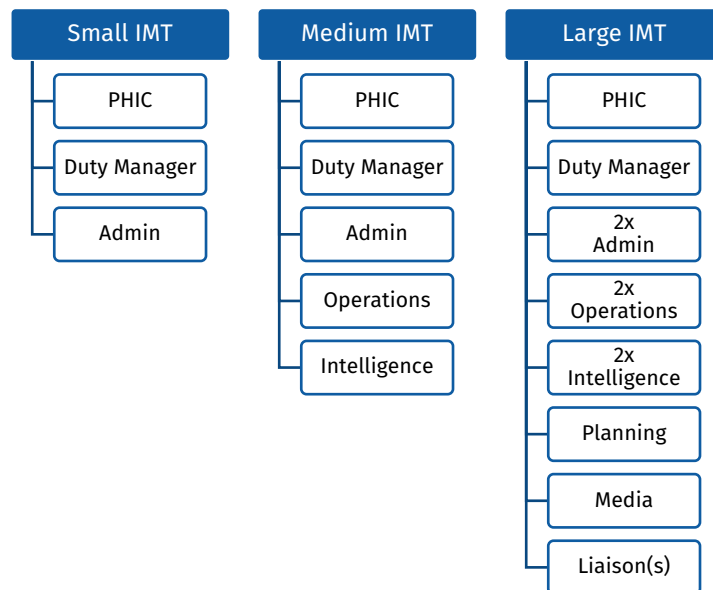


Figure 3: IMT size and scale examples

### 3.3.2 Public Health Incident Controller

The **Public Health Incident Controller (PHIC)** is typically a senior member of QPHaSS who leads the public health IMT.

The PHIC is typically the **Executive Director or Deputy Executive Director** of the Branch relevant to the public health incident. The role of PHIC may also be delegated to other senior staff in QPHaSS. If SHECC is activated, the State Health Coordinator (SHC) may nominate the PHIC.

The PHIC is responsible for:

- leading the overall response to level 3 public health incidents
- providing strategic direction to the State PHEOC IMT and HHS Public Health Site Commander(s) (PHSC)
- declaring PHEOC activation level (e.g. Stand Down)
- developing and implementing state-wide strategies
- approving incident action plans
- reviewing state-wide media and communication materials
- facilitating the coordination of public health resources
- briefing the SHC or other relevant executives on the status of the public health incident
- engaging with high level stakeholders and disaster management groups

### 3.3.3 HHS Public Health Incident Commander

The HHS **Public Health Incident Commander (HSS PHIC)** is usually a senior staff member of a public health unit. The HSS PHIC leads the **local HHS response** during a Level 3 public health incident and is responsible for:

- managing the public health incident within their jurisdiction as a component of the overall state response
- providing leadership and strategic direction to the HHS PHEOC
- is the contact point and briefs the HHS HEOC during a public health incident
- monitoring public health resources within their jurisdiction
- briefing the State PHIC on the status of the public health incident within their jurisdiction
- engaging with local stakeholders and local disaster management groups.

### 3.3.4 Public Health Liaison Officer

The **Public Health Liaison Officer (PHLO)** is a member of the SHECC IMT and operates within the SHECC, not the State PHEOC IMT and acts as a **liaison point of contact** between the HHS PHEOCs, State PHEOC, QPhaSS and SHECC during a SHECC activation.

The State PHEOC IMT and PHLO will advise public health units and relevant stakeholders when the role has been established. The PHLO is responsible for:

- sharing and collating public health intelligence
- reviewing public health information in SHECC SITREPs
- reviewing public health messaging and communications
- maintaining situational awareness of public health aspects of the incident
- drafting responses to public health queries received by SHECC.

### 3.3.5 Expert advisory group

One or more expert advisory groups (EAG) may be convened by the PHIC to provide specific advice to the IMT. An EAG **operates independently to the IMT with the goal of providing expert advice to the PHIC** on a specific public health matter. Advice may include but is not limited to risk assessments, mitigation strategies or modelling. EAGs are often time-limited to resolve a particular matter.

## 4 Communication

### 4.1 Incident correspondence

A dedicated **State PHEOC email account**<sup>2</sup> must be established as soon as practicable following confirmation of the incident and activation of the Sub-plan. The State PHEOC email account serves as the primary point of contact for the incident.

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<sup>2</sup> Other key contact details (including phone numbers) will be provided during an active event.

## 4.2 Situation reporting

A situation report (SITREP) provides a point-in-time overview of the incident. This typically includes an incident summary, objective, ongoing risks, recent activity, and proposed actions. Routine SITREPs commence following activation of the Sub-plan and are to be circulated to stakeholders for the incident.

### 4.2.1 State PHEOC SITREP

The State PHEOC SITREP provides a state-wide overview of the public health incident. The PHIC approves the State PHEOC SITREP prior to circulation to stakeholders. The State PHEOC SITREP timelines are dictated by SHECC (when active) or the PHIC. Some reporting timeframes may be dictated externally (e.g., national meetings).

### 4.2.2 HHS PHEOC SITREP

During activation of the Sub-plan, there are two variations for HHS PHEOCs when providing SITREPs. The variation depends on whether the HHS HEOC is activated. The frequency will often be determined by state reporting requirements.

HHS HEOC is activated	HHS HEOC is <u>not</u> activated
<ul style="list-style-type: none"><li>the HHS PHEOC SITREP must be cleared by the PHSC.</li><li>HHS PHEOCs must formally progress their SITREP via their HHS HEOC.</li><li>the SITREP must be in the format requested by the HHS (this may be via NOGGIN).</li><li>SITREP frequency is at the discretion of the PHIC for public health incidents and is determined by state reporting requirements.</li><li>if the State PHEOC is activated, the HHS PHEOC must ensure the HHS SITREP is communicated to the PHLO and State PHEOC.</li><li>if the State PHEOC is not active, but a PHLO is engaged in SHECC, the HHS PHEOC must provide a copy of their SITREP to the PHLO.</li></ul>	<ul style="list-style-type: none"><li>the HHS PHEOC SITREP must be cleared by the PHSC.</li><li>HHS PHEOCs must progress their SITREP via the State PHEOC.</li><li>the SITREP must be in the format requested by the PHIC.</li><li>SITREP frequency is at the discretion of the PHIC.</li></ul>

*Table 5: SITREP variations for activated and non-activated HHS HEOC*

#### **Example – HHS PHEOC reporting**

The State PHEOC is activated and coordinating a response to a suspected intentional contamination of food.

Three HHS PHEOCs are activated in relation to the incident and one HHS HEOC is also activated as there are several inpatients related to the contamination event. The HHS PHEOC with their HHS HEOC activated must progress their SITREPs via their HHS HEOC for reporting purposes. The other two HHS PHEOCs progress their SITREPS directly to the State PHEOC. All HHS PHEOC take operational direction from the State PHEOC/PHIC.

## 4.3 Code reporting

*Australian Standard 4083 Planning for Emergencies – Health Care Facilities* assists effective planning for internal and external emergencies. HHSs have procedures in place that guide first response and local management for each type of emergency incident code.

Where a public health incident occurs within a HHS's jurisdiction, the HHS may consider code reporting for the incident. This should be informed by the public health IMT and discussed with the HHS disaster coordinator. A public health incident would constitute a **Code Brown – External Emergency**.

Declaring a Code Brown recognises that the public health incident may have actual or potential impacts on the health system. When deciding to declare a Code Brown for a public health incident, the HHS may consider:

- emergency departments
- bed capacity and inpatients
- consumables, equipment, and PPE
- staff furlough
- staff communications
- public communications.

Additional information on code reporting can be found in the QHDISPLAN.

## 4.4 Public communications

Public communications may be required to inform the community and reduce the impact of a public health incident. Public health communications may be delivered in a variety of ways depending on the scale and severity of the incident.

### 4.4.1 Whole-of-government led

During a level 3 public health incident, the Department of Premier and Cabinet may coordinate whole-of-government messaging and nominate Queensland Health as the lead agency. The lead agency is responsible for developing communication material and key messages. This information would likely be coordinated through SHECC during a whole-of-government led level 3 public health incident.

## 4.4.2 Queensland Health-led

During a level 3 public health incident, Strategic Communications Branch (SCB) will likely lead the media and communication response, with the State PHEOC providing key messages and serving as the content matter expert. There may also be level 2 public health incidents that benefit from central messaging and media coordination by SCB. The need for communications to be managed centrally by SCB is determined on a case-by-case basis by the PHIC.

## 4.4.3 HHS-led

During a level 1 public health incident and some level 2 public health incidents, the local PHU/HHS PHEOC should coordinate public messaging, HIC and local media teams to authorise. Internal and external messaging should be considered and including messaging/briefings with external stakeholders and other government agencies.

# 5 Requests for assistance

A HHS may make a RFA should the resources required to respond to a public health incident exceed local capacity. The request may be for logistical assistance such as **equipment, or for additional public health staff**.

In accordance with QHDISPLAN, when requesting assistance, the outcome required should be requested, rather than the resource/s that are expected to undertake it. This will enable the coordinating body to plan resources based on what is required and may have access to alternative solutions.

There may be instances where the Department enhances existing functions to support incident response. This support would likely occur within business-as-usual arrangements and a RFA would not be required. For example, increasing pathology testing or services provided by 13HEALTH.

Additional information on RFAs can be found in the Queensland Health Incident Management System Guideline.

## 5.1 Logistic requests (Disaster Management Groups)

All HHSs have representation on their local disaster management groups (LDMG) and district disaster management group (DDMG). Some HHSs may also have public health representation. Public health intelligence or briefings in relation to a public health incident may be shared directly by the PHU or HHS PHEOC to the LDMG and DDMG (in consultation with the HHS disaster coordinator). However, RFAs from the PHU for logistics or equipment must be progressed via the HHS PHEOC and shared with State PHEOC for awareness only. Requests that require consideration by the State Disaster Coordination Centre (SDCC) are progressed via SHECC (for health resources) or the DDMG (for non-health resources).



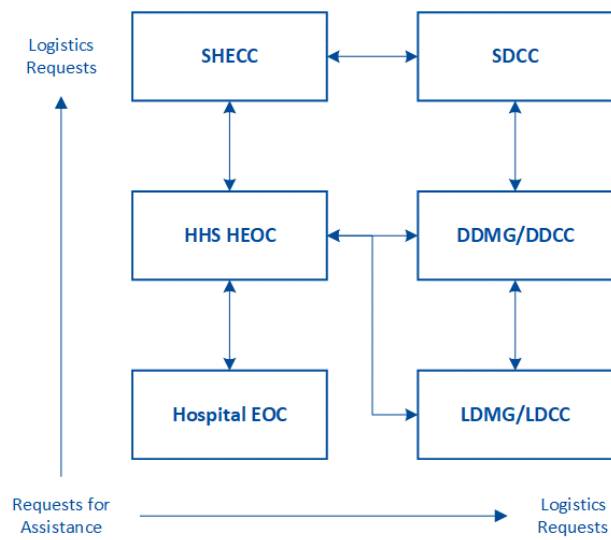


Figure 4: Disaster Management Group RFAs.

# 5.2 Public health staff

A request for public health staff may occur at any public health incident level and does not require activation of HHS HEOCs, HHS PHEOC, or the Sub-plan. Noting certain costs may only be reimbursed through activations during a natural disaster.

Line manager approval must be obtained in all instances prior to deployment of public health staff. If travel and accommodation is required, HHS approval processes must also be followed. A RFA for public health staff template is available on the Public Health Operational and Regulatory Toolbox.

The process for requesting public health staff is dependent on whether SHECC is activated (see table below).

SHECC is <u>not</u> active	SHECC is active (formal RFA)
<div><div>1.</div><div>The requesting PHU should discuss details of the RFA for public health staff with relevant QPHaSS senior management.</div></div> <div><div>2.</div><div>Once details of the RFA are agreed upon, QPHaSS will coordinate and collate expressions of interests from the public health discipline across the State.</div></div> <div><div>3.</div><div>QPHaSS will review and provide details of suitable deployees to the requesting PHU.</div></div> <div><div>4.</div><div>The requesting PHU is responsible for contacting deployees and organising travel logistics in accordance with HHS processes.</div></div>	<div><div>1.</div><div>The requesting HHS PHEOC should discuss details of the RFA with relevant QPHaSS senior management.</div></div> <div><div>2.</div><div>A RFA must be progressed via their HHS HEOC to SHECC. This requires executive approval from the HHS.</div></div> <div><div>3.</div><div>Parallel to step 2, either the PHLO or the State PHEOC (depending on the activation) will coordinate and collate expressions of interests from the public health discipline across the State.</div></div> <div><div>4.</div><div>Once the RFA has been approved by the HHS HEOC and SHECC, the details of the suitable deployees are provided to SHECC by the PHLO or State PHEOC.</div></div> <div><div>5.</div><div>SHECC contacts deployees and coordinates travel and accommodation</div></div>

Table 6: RFA variations for activated and non-activated SHECC

**Example – RFA (SHECC is active)**

SHECC and North Queensland HHS HEOCs are activated regarding a tropical cyclone crossing the coast. The State PHEOC is not activated however the PHLO is with the SHECC IMT.

The Townsville HHS PHSC determines they require additional environmental health officers (EHOs) to assist with rapid public health hazard assessments.

The Townsville HHS PHSC discusses with QPHaSS the need for an additional 5 EHOs. The Townsville HHS PHEOC submits a RFA via their HHS HEOC. Parallel to this, the PHLO within SHECC collects deployee EOIs from non-affected PHUs.

The list of deployees from non-affected PHUs is discussed with the Townsville HHS PHSC. A final list of suitable deployees is provided to SHECC who coordinate travel and accommodation.

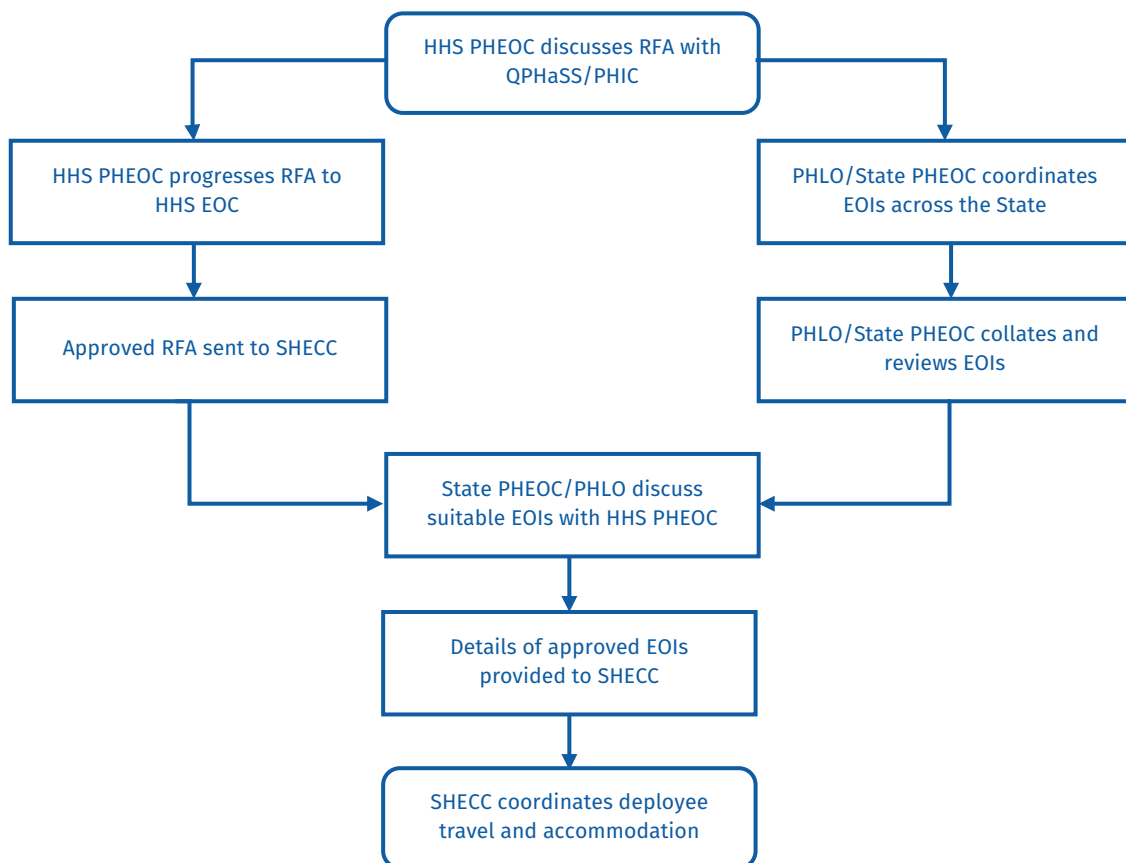


Figure 5: Public Health staff RFA when SHECC is activated

## 6 Public health debriefing

The purpose of an operational debrief is to provide an opportunity for all participants to review their planning, operations, and activities. Debriefs provide a forum within which individuals or teams can share their ideas, identify what they did well, as well as opportunities for improvement.

Information obtained from PHU debrief will be included in both the HHS debrief and state PHEOC debrief.

Debrief type	Timeline	Notes
Hot debrief (daily after action)	Daily or end of shift	Verbal, end of shift or end of day debrief.
Hot debrief (post incident)	Within 72 hours post-event	Internal State PHEOC debrief to be conducted. Statewide debrief coordinated by the State PHEOC. All HHS PHEOCs and staff involved in the response should have the opportunity to attend however attendance is not compulsory.
Cold debrief	Within 6 weeks post event	Incorporate a lessons management process and review any actions from the hot debrief(s).

*Table 7: Expectations and timelines for hot and cold debriefings*

Further information can be found in the Queensland Health Operational Briefing and Debriefing Guideline.

## 7 Document and record keeping

Establishing and maintaining comprehensive and timely records of events, decisions, staffing, expenses, and actions taken is essential for managing the response to a disaster or emergency incident.

These records support critical handover notes, debriefing, SITREPs and key decisions for inquiries after the incident. Records should be stored and disposed of in accordance with relevant legislation (*Public Records Act 2002*) and Queensland Health policy and procedures.

The electronic document record management system should be used to upload and save documents as a permanent record.

## 8 Recovery

Public health recovery activities are often a continuation of the response activities. Response and recovery activities can also occur simultaneously to reduce the risk to public health. A key focus of public health recovery activities is to **inform and enable affected communities to manage ongoing public health hazards** after the immediate public health hazard(s) have been managed. Recovery activities may also require reporting to other State agencies.

Local HHS PHUs may have staff actively involved with recovery groups and operations for some time after the initial response activities have been finalised. These PHU staff may require continued support or a process for intelligence sharing with the departmental staff. The ongoing support of the Liaison officer in these times may be beneficial and ensure situation awareness of the department in relation to remediation or emergence of public health risks.

Further information about recovery planning is in the Queensland Recovery Plan.

# Abbreviations

Acronym	Definition
CBR	Chemical, biological, radiological
CHO	Chief Health Officer
DDMG	District Disaster Management Group
EAG	Expert Advisory Group
EHO	Environmental Health Officer
EOC	Emergency Operations Centre
HHS	Hospital and Health Service
HSD	Health Service Directive
IMT	Incident Management Team
LDMG	Local Disaster Management Group
PHEOC	Public Health Emergency Operations Centre
PHIC	Public Health Incident Controller
PHLO	Public Health Liaison Officer
PHSC	Public Health Site Commander
PHU	Public Health Unit
QHDISPLAN	Queensland Health Disaster and Emergency Incident Plan
QHIMS	Queensland Health Incident Management System
QPHaSS	Queensland Public Health and Scientific Services
RFA	Request for assistance
SCB	Strategic Communications Branch
SDCC	State Disaster Coordination Centre
SHC	State Health Coordinator
SHECC	State Health Emergency Coordination Centre