State Emergency Management Plan

Health Emergencies Sub-Plan

VICTORIA State Government | Department of Health

To receive this document in another format, email Emergency Management Policy <EM_Policy@health.vic.gov.au>

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Contents

Abbreviations

Abbreviation	Description
AHMAC	Australian Health Ministers' Advisory Council
AHPPC	Australian Health Protection Principal Committee
AIIMS	Australasian Inter-Service Incident Management Systems
AUSMAT	Australian Medical Assistance Team
CAOiC	Control Agency Officer in Charge
CBRNE	Chemical, Biological, Radiological, Nuclear, and Explosives
CDNA	Communicable Diseases Network Australia
CHO	Chief Health Officer
EM Act	*Emergency Management Act (1986 and 2013)* (Vic)
EMC	Emergency Management Commissioner
EMJPIC	Emergency Management Joint Public Information Committee
EMLO	Emergency Management Liaison Officer
EMV	Emergency Management Victoria
EPA	Environment Protection Authority (Victoria)
GP	General practitioner
HESP	State Emergency Management Plan Health Emergencies Sub-Plan
IMT	Incident Management Team
IC	Incident Controller
IMT	Incident Management Team
LPHU	Local Public Health Unit

Abbreviation	Description
MEMP	Municipal Emergency Management Plan
NGO	Non-government organisation
NIR	National Incident Room
PHW Act	*Public Health and Wellbeing Act 2008* (Vic)
PPE	Personal protective equipment
RecLA	Recovery Lead Agency
RecSA	Recovery Support Agency
REMP	Regional Emergency Management Plan
REMPC	Regional Emergency Management Planning Committee
RSA	Response Support Agency
SCRC	State Crisis and Resilience Council
SCT	State Control Team
SEMC	State Emergency Management Centre
SEMP	State Emergency Management Plan
SEMT	State Emergency Management Team
SHEMC	State Health Emergency Management Coordinator
SHEMT	State Health Emergency Management Team
SRRT	State Relief and Recovery Team
VPF	Victorian Preparedness Framework
WHO	World Health Organization

1 Introduction

1.1 Purpose

The purpose of the State Emergency Management Plan *Health Emergencies Sub-Plan* (the plan, or HESP) is to provide the arrangements and coordination of roles and responsibilities for the management of health emergencies in Victoria. It also includes guidance regarding mitigation, preparedness, response, relief and recovery activities in line with the State Emergency Management Plan (SEMP) <https://www.emv.vic.gov.au/responsibilities/semp/roles-and-responsibilities>.

A health emergency, in the context of this plan, is an emerging, imminent or actual threat or risk to the health and wellbeing of the Victorian community that requires a significant and coordinated effort from the health system and others to ensure the effective response to and relief and recovery from the emergency.

This relates to the following scenarios:

- health emergencies for which the Victorian Department of Health (DH) is the control agency
- emergencies with health risks or consequences for which DH is a support agency
- activation of the SEMP Viral (Respiratory) Pandemic Sub-Plan.

Further information regarding the emergency management arrangements for other emergencies with potential health risks and consequences can be found in the corresponding SEMP Sub-Plans <https://www.emv.vic.gov.au/responsibilities/state-emergency-management-plan-sub-plans>.

DH has prepared and is responsible for the maintenance of this plan. The development of this plan incorporates feedback from external consultation required under the *Emergency Management Act 2013* (the EM Act) which includes a broad range of Victorian emergency services and related agencies.

This plan supersedes the fourth edition of the *State health emergency response plan* (2017) (SHERP).

1.2 Objective

The overarching objective of this plan is to outline arrangements for ensuring an integrated and coordinated approach for the management of health emergencies and to:

- maximise health outcomes by providing treatment in a safe, timely and coordinated manner
- minimise impacts on the health system
- provide timely, tailored, and relevant health information and warnings to the community, to assist community members with making informed decisions about their safety
- ensure clarity on roles, responsibilities, escalation and communication channels to enable an effective and efficient health emergency response, particularly for the health system
- identify and protect health sector critical infrastructure, assets and services that support community resilience
- strengthen accountability for managing and mitigating risks associated with health emergencies.

The above objectives are adapted from the State Emergency Management Priorities <https://www.emv.vic.gov.au/responsibilities/state-emergency-management-priorities> which guide decisions during emergency response in Victoria.

1.3 Authorising environment

The EM Act (1986 and 2013) provides the legislative basis to manage emergencies in Victoria.

The SEMP outlines provisions for the mitigation, preparedness, response, relief, and recovery from emergencies, and specifies the roles and responsibilities of agencies in relation to emergency management.

The SEMP identifies DH as the control agency for human disease, which includes pandemics.

For health emergencies, further Victorian legislation which apply to specific powers and responsibilities include:

- *Climate Change Act 2017*
- *Environment Protection Act 2017*
- *Food Act 1984*
- *Public Health and Wellbeing Act 2008*
- *Radiation Act 2005*
- *Safe Drinking Water Act 2003*.

At the state and national level, there are governance structures, legislation, plans and guidelines that link to this plan. Refer to Appendix A: Key supporting information.

This plan is a subordinate plan of the SEMP and has been endorsed by the State Crisis and Resilience Council (SCRC).

1.4 Implementation

The arrangements in this plan apply on a continuing basis and do not require activation. This plan guides the level of response required to support a particular health emergency, is intended to interact with other sub-plans and is supported by operational plans.

1.5 Audience

The audience for this plan comprises Victorian Government and agencies, bodies, departments, and other organisations within the Victorian health and emergency management sectors that have roles and responsibilities in the management of health emergencies.

Given the dynamic and interdependent nature of the Victorian health system, it is vital that all relevant entities follow this plan to ensure the coordinated and effective management of health emergencies.

Community sectors and community service organisations which coordinate arrangements to support health emergency management may also find the contents of this plan informative to help prepare for, respond to, and recover from health emergencies.

1.6 Assumptions

This plan is based on the following assumptions:

- The reader is familiar with the SEMP, as it outlines the holistic details of the arrangements for an integrated, coordinated, and comprehensive approach to emergency management in Victoria. More information is available from https://www.emv.vic.gov.au/responsibilities/semp.
- The reader is also familiar with the Victorian emergency operations handbook <https://www.emv.vic.gov.au/publications/victorian-emergency-operations-handbook>, which provides a reference guide to the key mechanisms (structures, systems, roles and functions) required to effectively and safely deliver incident management operations for major emergencies in Victoria.
- Details regarding relevant activities of individual agencies are covered in agency plans and supporting doctrine.

1.7 Exercising and evaluation

DH will conduct an exercise of this plan with key stakeholders across state and local government and the health system within 12 months of this plan being endorsed by the SCRC, and then once every two years.

Exercises will test a potential real-life situation. Planning for these exercises should address:

- who should participate, ensuring participants reflect all levels of decision-making, including SCRC, the State Control Team, industry, and local government
- how feedback of key stakeholders, such as relevant representative bodies businesses, industry, and non-government organisations (NGOs), will be considered and incorporated
- the exercise objectives, desired outcomes, and level of detail required.

The exercises will be evaluated and, where improvements to the emergency management arrangements are required, the plan will be amended, and a revised version issued.

Exercises will be conducted in accordance with Australian Institute for Disaster Resilience (AIDR) Managing exercises handbook <https://knowledge.aidr.org.au/resources/handbook-managing-exercises/> and will consider varying scenarios with different hazards, scales, duration, and severity.

In the event of an emergency response using arrangements under this plan, DH will organise an operational debrief with the health sector and participating agencies as soon as practicable after the cessation of any response activities. This process is part of broader operational learning and lessons management activities.

All participating agencies, including recovery agencies, shall be represented with a view to evaluating the adequacy of the preparedness and response and to recommend any improvement opportunities for future events. Debriefing should allow ample time for consultation with stakeholders to ensure robust evaluation of activities. The debrief may be conducted in lieu of an exercise.

Health emergencies may be complex and of long duration, such as the COVID-19 pandemic. Real-time evaluation or multiple debriefs should be considered to ensure ongoing capture of improvement opportunities and learnings.

1.8 Review

This plan was current at the time of publication and remains in effect until modified, superseded or withdrawn.

DH will review and update this plan every three years in accordance with the SEMP, or more frequently, as required. At the time of publishing, several emergency management reviews were under way and early findings have been considered in the drafting of the plan where possible. Further review of this plan may need to be undertaken once reports and recommendations for these are finalised.

1.9 Linkages and hyperlinks

As this plan does not seek to duplicate information, linkages and hyperlinks to resources and websites have been incorporated.

Resources identified frequently within the plan (for example, SEMP and HESP), may not be hyperlinked in each instance.

At the time of publication linkages and hyperlinks were accurate.

2 The health emergency context

Arrangements to ensure the health sector can effectively prevent, prepare for, respond to, and recover from all types of emergencies and mitigate adverse health consequences for the community, requires significant and coordinated effort.

This plan addresses the emergency management arrangements for:

- health emergencies for which DH is the control agency
- emergencies with health risks or consequences for which DH is a support agency.

2.1 Control and support agencies

Under the SEMP, roles and responsibilities of agencies involved in emergency response are categorised by control agency and support agency.

A **control agency** is nominated under the EM Act to establish the emergency management arrangements for an integrated response to a specified emergency. The agency is primarily responsible for managing the response to the emergency.

Support agencies fulfil key functional support areas considered during the response to an emergency, as well as for relief and recovery.

DH is the **control agency** for:

- incidents involving biological releases and radioactive materials
- human disease / epidemics (including mass, rapid onset of human disease from any cause), and food (including retail food) / drinking water contamination.

As a **support** agency, DH may be requested to assist the designated control agency for other types of emergencies, to provide:

- technical support
- public health (health protection) advice
- services, personnel and/or material support.

A lead response support agency (RSA) is the agency that is generally the most closely aligned to the function required, with other agencies also having the potential to be support agencies, if they have the relevant skills, expertise or resources to contribute.

The lead RSA for health emergencies will depend on the consequences of the event. DH is the lead RSA for health services and health protection – public health and provides support for other emergencies with health consequences when requested by the Emergency Management Commissioner (EMC) in accordance with the SEMP. For a list of RSAs, refer to the EMV website <https://www.emv.vic.gov.au/responsibilities/semp/roles-and-responsibilities/response>.

2.2 Victoria's health system

Victoria's health sector is large, complex, highly interconnected, and made up of systems within systems – each supported by networks of organisations, including surveillance, research bodies, boards, and consumer groups. The sector includes a myriad of facilities and other physical assets, suppliers, manufacturers, and sophisticated information technology systems.

Within the health sector, Victoria's health system provides high-quality health treatment, care, education, and disease prevention for all Victorians. It includes a wide range of health professionals, all working in numerous public and private settings, such as hospitals, medical clinics, community centres and private practice.

Victoria's health system delivers many public health and healthcare services which are essential for the Victorian community. These include outreach services to remote and isolated communities and people most at risk. Services are delivered through a vast range of public, private and not-for-profit service providers, funding arrangements, partnerships, and regulatory mechanisms.

Every day, community members interact with the Victorian health system – a dynamic and interdependent network of public and private health services. The health system provides health advice, primary health services, diagnostic services, clinical and pharmaceutical treatment to maximise health outcomes.

The Victorian health system also supports public health functions and statutory requirements of the Secretary, Department of Health and the Chief Health Officer's (CHO) authority as set out under the relevant public health legislation, including *Public Health and Wellbeing Act 2008, Food Act 1984, Radiation Act 2005* and *Safe Drinking Water Act 2003*.

This also includes local public health units (LPHUs) which were established in response to COVID-19 and are delivered by health services. In late 2021 and into 2022, the tasks delegated to LPHUs were expanded beyond COVID-19 and include the transition of prevention functions previously delivered by primary care partnerships, processing of exemptions from public health orders and winter-preparedness for their communities.

2.3 An integrated response

The four key elements that ensure effective health emergency management are:

- health control
- health (ambulance) command (predominantly pre-hospital)
- health coordination (health sector)
- public health command (predominantly community).

This plan embeds an 'all communities, all emergencies' approach, focusing on:

- clarifying roles and responsibilities for a coordinated and integrated health emergency response, including decision-making, notification, incident management arrangements across incident response tiers, and warnings across government departments and agencies, the health sector, the emergency management sector, and service providers as described in the *Victorian emergency operations handbook*
- outlining health system agencies', service providers', and all level of governments' actions to strengthen their resilience to health emergencies in line with the principle of shared responsibility described within the National strategy for disaster resilience <https://www.homeaffairs.gov.au/emergency/files/national-strategy-disaster-resilience.pdf> and the Victorian community resilience framework for emergency management <https://www.emv.vic.gov.au/how-we-help/resilience/community-resilience-framework-for-emergency-management> and embedded within the SEMP.

3 Roles and responsibilities

Clearly articulated roles ensures accountability, and supports shared responsibility for mitigating, preparing for, responding to, and recovering from health emergencies.

Agencies and those with roles and responsibilities under this plan are required to perform their role according to role statements in the SEMP. These are matched against the Victorian Preparedness Framework's (VPF) core capabilities and critical tasks that Victoria requires to effectively manage before, during and after major emergencies. Detailed information about agency roles and responsibilities and how they map to the VPF capabilities and tasks is provided on the EMV website <https://www.emv.vic.gov.au/index.php/responsibilities/semp/roles-and-responsibilities/vpf-alignment>.

The roles and responsibilities identified in this plan are not exhaustive and should be read in conjunction with relevant legislation, plans, frameworks, and guidelines.

Table 1 outlines the authority and role for key decision-making functions (functional leads) in a health emergency response where DH is the control agency and as a support agency. It is important to note that any role in the table can have a deputy appointed, when required.

Figure 1 and Figure 2 show the response roles for when DH is the control agency and a support agency respectively.

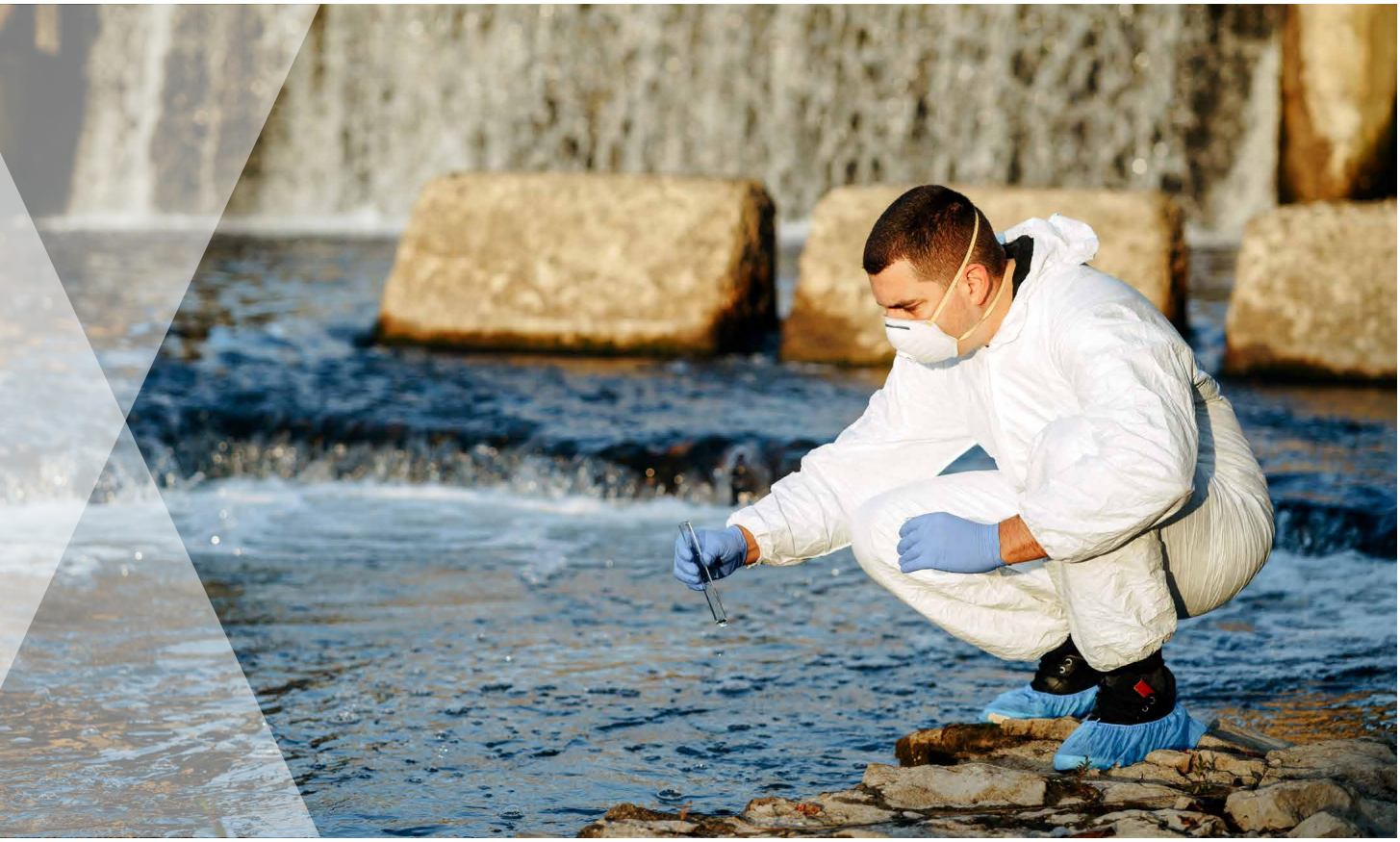


Table 1: Key roles and responsibilities in a health emergency response

Role	Responsibilities as control agency	Responsibilities as support agency
Emergency Management Commissioner (EMC)	The role of the EMC is outlined in the SEMP.	The role of the EMC is outlined in the SEMP.
Control Agency Officer in Charge (CAOiC) Secretary, Department of Health	Overall control of response activities for health emergencies.	Overall control of response activities for health emergencies.
State Controller – Health As appointed by the CAOiC	The role of the State Controller is outlined in the SEMP. Additionally, the State Controller – Health: • may appoint a Deputy Controller/s • should consider authorisation required under relevant Acts when appointing roles • will appoint a State Health Coordinator (SHC) or Public Health Commander to lead a State Health Emergency Management Team (SHEMT) • may establish control arrangements at the local and regional tiers • may delegate responsibilities or actions to other agencies.	The role of the State Controller is outlined in the SEMP. State Controller will delegate, where appropriate, roles and functions to support another hazard.
State Health Emergency Management Coordinator (SHEMC) Deputy Secretary Public Health (or delegate) Appointed by Secretary, Department of Health	Ensure appropriate appointments are made to state-tier functions, including State Health Commander, State Health Coordinator, and Public Health Commander. Provide executive administrative support to ensure these functions operate effectively. Advise the State Controller – Health on the appointment of a Deputy State Controller – Health, if required. Seek advice from the SHEMT lead, DH Commander and CHO as required.	Ensure appropriate appointments are made to state-tier functions, including the State Health Commander, State Health Coordinator, and Public Health Commander. Provide executive administrative support to ensure these functions operate effectively.
State Health Emergency Management Team (SHEMT)	Manage the whole-of-health response to an emergency. The SHEMT lead is either: • the **Public Health Commander**, where the emergency response requires public health expertise • the **State Health Coordinator**, where coordination of emergency response activities across the health system is required (including hospitals, primary health and other acute services).	Manage the whole-of-health response, if required, due to the scale or complexity of the incident.

Table 1: Key roles and responsibilities in a health emergency response (continued)

Role	Responsibilities as control agency	Responsibilities as support agency
Public Health Commander (Public Health Command functional lead) Chief Health Officer (or delegate)	Report to the State Controller – Health. Command the public health functions of a health emergency response (including investigating, eliminating, or reducing a serious risk to public health). Appointed as SHEMT lead where emergency response requires public health expertise. Exercise management, control, and emergency powers of the CHO under relevant public health legislation.	Lead the public health functions of a health response (including investigating, eliminating, or reducing a serious risk to public health). Appointed as SHEMT Lead where the control agency requires public health expertise.
Chief Health Officer (CHO)	Authority under the PHW Act for decisions on matters of public health. Under section 22(1)(a) of the PHW Act, the CHO by instrument may delegate powers to a registered medical practitioner. May authorise the exercise of certain powers under a declared state of emergency. This includes public health risk powers and emergency powers for authorised officers. Exercise powers, either specified or delegated, under other relevant public health legislation.	As per 'Control agency'.
State Health Coordinator (Health Coordination functional lead) Senior Department of Health officer appointed by the SHEMC	Report to the State Controller – Health. Coordinate DH emergency response activities across the health system (including hospitals, primary health, and other acute services). Appointed as SHEMT lead where coordination of emergency response activities across the health system is required (including hospitals, primary health, and other acute services).	Role appointed dependent on emergency scale and complexity Coordinate DH response activities across the health system (including hospitals, primary health, and other acute services) Appointed as SHEMT lead where coordination of emergency response activities across the health system is required (including hospitals, primary health, and other acute services).
State Health Commander (Health Command functional lead) Ambulance Victoria Emergency Management Director (or delegate, unless otherwise appointed by the SHEMC)	Report to the State Controller – Health. Command pre-hospital care resources across agencies and service providers at the state tier (including field response, ambulance services, non-emergency patient transport, licensed first aid service providers, first responder assistance, spontaneous volunteers). Provide situational awareness to the DH Commander on incidents that may have broader impacts on the health system.	As per 'Control agency'. Liaise with the State Health Coordinator and Public Health Commander.

Table 1: Key roles and responsibilities in a health emergency response (continued)

Role	Responsibilities as control agency	Responsibilities as support agency
DH Commander Rostered Department of Health Senior Executive	Monitor the impact of a health emergency to DH staff, key stakeholders and funded health services and coordinate the departmental activities to manage these consequences. Deploy DH personnel where required to assist in responding to a health emergency. Authorise public communications regarding the impacts upon DH services. Represent DH on emergency management committees in Victoria's governance structure, highlighted in Appendix A: Key supporting information.	As per 'Control agency'.
Regional Controller (RC) Where appointed	Report to the State Controller – Health. Lead and manage regional tier response control. A deputy RC can be appointed if required.	As per 'Control agency'.
Incident Controller (IC)	Lead and manage incident tier response control. A deputy IC can be appointed if required. For IC appointment see Table 2: Incident response levels for health emergencies (Department of Health as control agency).	As per 'Control agency'.
Regional Health Coordinator	Report to the State Health Coordinator. Coordinate DH emergency response activities across supporting agencies and departments and the health system (including hospitals, primary health, and other acute services) at the regional level.	As per 'Control agency'.
Hospital Commander Health service executive Appointed from within the health service	Manage the emergency and lead the response for their health service. Engage with the key stakeholders (state and regional, local) to provide a cohesive response to the emergency. Assist with identifying emerging risks in collaboration with the state-tier response.	As per 'Control agency'.

3.1 Department of Health as the control agency

As the control agency for specified health emergencies, DH is responsible for:

- providing whole-of-health leadership and direction, to mitigate, plan and prepare for health emergencies as set out in Chapter 4 – Mitigation and Preparedness
- engaging with community, state and local government and key partners in the health sector to prepare for public health emergencies
- engaging with business and industry to mitigate impacts and increase resilience
- mitigating health risks by enforcing public health legislation in collaboration with local government
- developing and implementing public health plans, guidelines and advice that raise awareness about health risks and how to mitigate the risk
- reducing transmission of potential health threats through case and contact management
- monitoring, detecting, and investigating health emergencies or potential threats as soon as practicable
- providing a coordinated response during a health emergency as set out in Chapter 6 – Response
- scaling up and down response arrangements, as appropriate as set out in Chapter 6 – Response (see 6.4 – Scale of response)
- issuing and approving public information and warnings as set out in Chapter 5 – Public information and community engagement
- managing consequences of the health emergency to support an effective response and recovery as set out in Chapter 8 – Consequence management
- ensuring the health system can effectively respond and mitigate the adverse consequences for communities
- facilitating the transition to recovery as set out in Chapter 6 – Response (6.8 – Transition to recovery).

3.2 Department of Health as support agency

Emergencies, other than those for which DH is the control agency, often have health impacts. These affect the health and wellbeing of the public, the ability of the health system to deliver care, or both. For these emergencies, DH may be a support agency and the arrangements outlined in this plan will be escalated as required.

DH, as a support agency, provides whole-of-health leadership, enforces public health legislation and implements programs to reduce the risk of health threats and hazards, as mentioned above. DH is also responsible for providing health, mental health and wellbeing information and advice to impacted communities. Refer to Chapter 5 – Public information and community engagement.

When another agency is the control agency for an emergency with health risk impacts, that control agency directs the emergency response in accordance with the SEMP. DH will provide an Emergency Management Liaison Officer (EMLO) to the control agency Incident Management Team (IMT) to facilitate an informed, coordinated response.

Figure 2 shows the reporting relationship for emergencies requiring support from DH.

Figure 1. Reporting relationship for health emergencies (Department of Health as control agency)

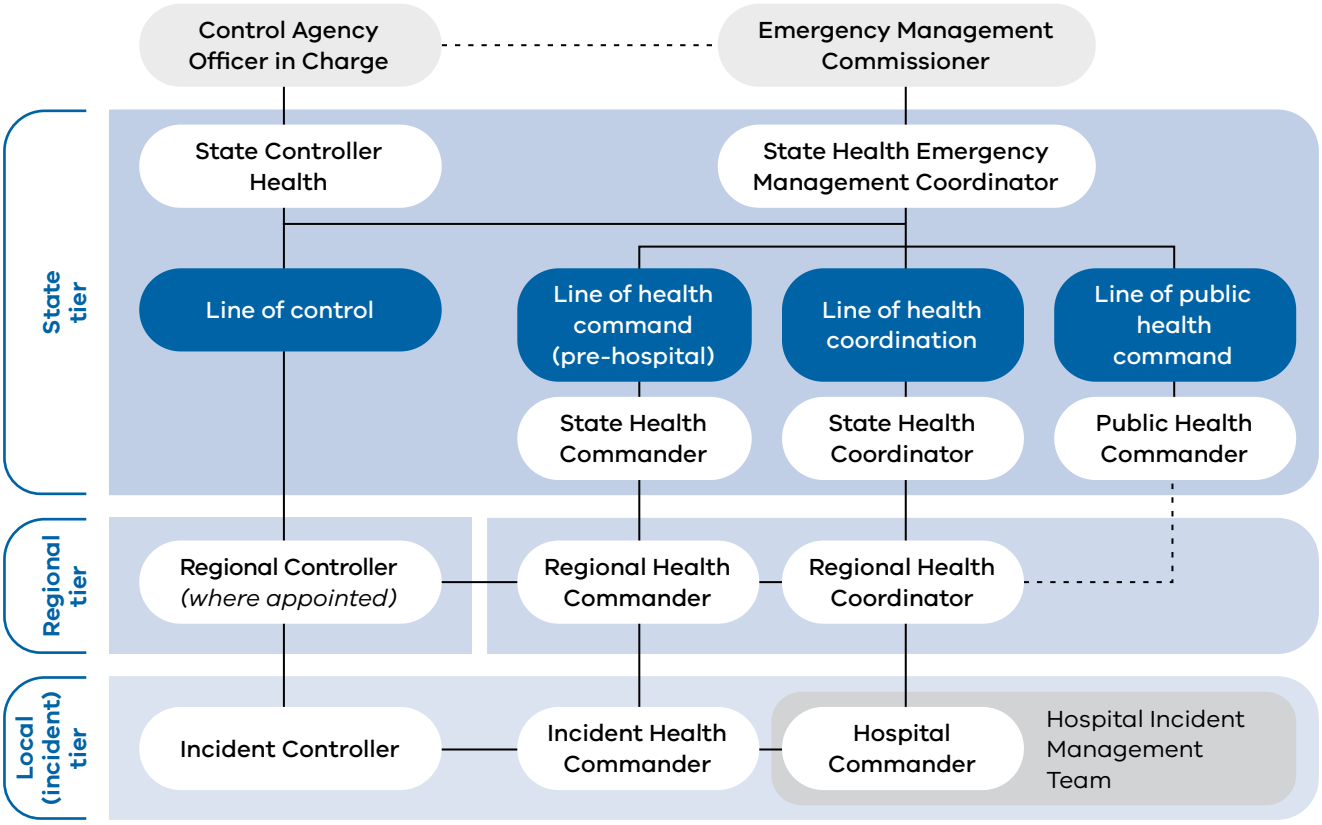
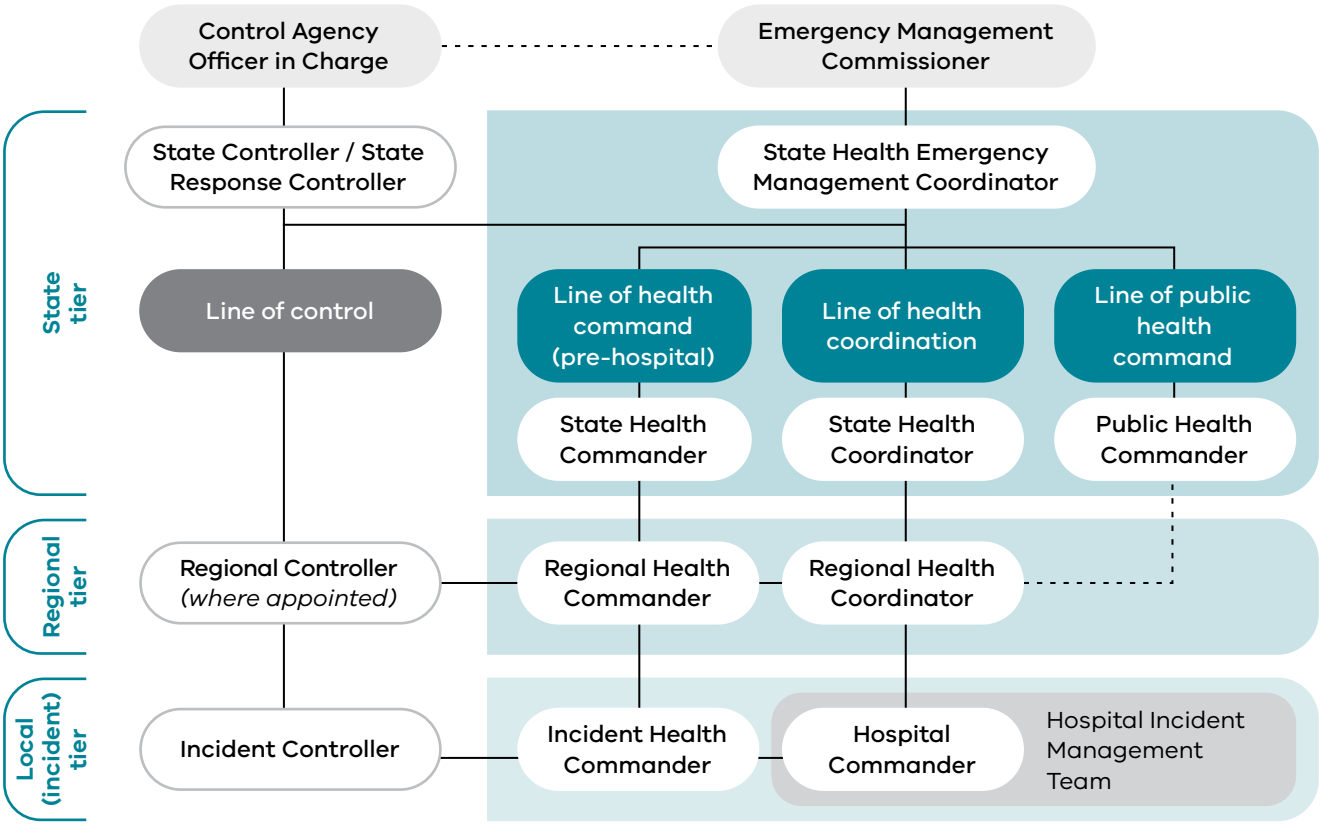


Figure 2: Reporting relationship for other emergencies requiring support from DH



3.3 Key support agencies when the Department of Health is the control agency

Key support agencies and organisations have the skills, expertise and resources to provide response, relief and recovery activities. Many of these agencies coordinate their activities with other providers within their functional sector. The State Controller – Health leads the coordination of these activities through the State Emergency Management Team (SEMT).

All agencies must have internal plans for managing their responsibilities as outlined in the relevant SEMP provided on EMV's website <https://www.emv.vic.gov.au/responsibilities/semp/roles-and-responsibilities>. Any government or non-government agency may be requested to assist in a health emergency response, relief, or recovery if it can contribute to the management of the emergency.

3.4 Concurrent emergencies

In the event a health emergency occurs concurrently with one or more other types of emergencies, the State Controller – Health must consult with the EMC and other relevant control agencies to determine (and document) appropriate control arrangements.

Emergencies that are more complex in nature include:

- concurrent emergencies – multiple events occurring simultaneously but which are unrelated. For example, a bushfire is burning in western Victoria and there is an outbreak of measles
- convergent emergencies – when conditions or circumstances create an environment that can lead to emergency events requiring a complex response. For example, a high forecast for an epidemic thunderstorm asthma event occurs when there is a storm
- compounding emergencies – multiple events that can occur simultaneously or in succession and may collectively lead to increased risk or generate cascading consequences. For example, Victoria is experiencing a global pandemic, flooding is occurring in Gippsland and there is a mass casualty event in Melbourne.

Events such as these present complex response and recovery challenges. They are likely to become more common because of globally interconnected networks, increasing populations, asset exposure and a changing climate.

Where there is shared responsibility across multiple agencies, a single agency needs to be responsible for the collaborative response of all the agencies.

Where required, controllers at local or regional tiers will be appointed to support the best level of leadership in response to the emergency.

A regional response may be aligned to the EM regions as described in the SEMP or DH may determine a specific geographic region in response to a particular health emergency.

To support a coordinated response, EMLOs from support agencies are appointed to the relevant emergency response structure to represent that agency. EMLOs should be positioned at the most appropriate tier control centre (incident, regional or state) to ensure information sharing and coordination between control agency arrangements across emergencies. More information on EMLOs can be found in the SEMP.

Additionally, there are provisions in the SEMP for transfer of control in relation to concurrent emergencies.

4 Mitigation and preparedness

Mitigation and preparedness are interrelated. They both seek to reduce the severity of an emergency.

Mitigation encompasses activities needed to reduce the incidents or severity of emergencies, and to minimise their effects.

Preparedness refers to the state of readiness to respond to a disaster, crisis, or any other type of emergency. It includes the activities of departments and agencies to prepare for and minimise the effects of emergencies by having plans, capability and capacity for response and recovery. Preparedness activities should consider the level of physical and human resourcing required (including the number of people and types of skills and expertise), and the complexity, impacts and likely consequences of various types of health emergencies.

The approach must ensure a continuous process of planning and implementation, taking into account learnings from training, exercises, and experiences. It should address:

- coordinating a consistent effort across all tiers of government to respond to a health emergency
- managing extra pressures on the health system to maintain a level of care for the public
- reducing health consequences for the public.

The state and national governance arrangements, legislation and plans are set out in Appendix A: Key supporting information.

4.1 Victorian Government

The Victorian Government mitigates and prepares for risks to public health and the health system as defined in legislation, regulation, and government policy.

The SEMP sets out agency roles and responsibilities for mitigation and preparedness.

The Victorian Preparedness Framework (VPF) <https://www.emv.vic.gov.au/how-we-help/emergency-management-capability-in-victoria/victorian-preparedness-framework> outlines the core capabilities and critical tasks needed to effectively manage major emergencies. The framework supports the overarching goal of building resilience in Victoria to major emergencies.

A number of resources aid understanding, mitigating, and preparing for risks to public health and the health system to keep the Victorian community safe:

- Emergency risks in Victoria <https://www.emv.vic.gov.au/state-emergency-risk-assessment-reports> published under the National Strategy for Disaster Resilience and consistent with priority actions in the Sendai Framework for Disaster Risk Reduction 2015–2030, outlines control measures for 15 emergency risks identified as significant for Victoria
- *Critical infrastructure resilience strategy* <https://www.emv.vic.gov.au/critical-infrastructure-resilience/critical-infrastructure-resilience-strategy> outlines the vision, principles, and strategic priorities for building resilience of Victoria's critical infrastructure to ensure uninterrupted delivery of essential services

- *Victoria's critical infrastructure all sectors resilience report* <https://www.emv.vic.gov.au/our-work/critical-infrastructure-resilience> provides an annual overview of the resilience of Victoria's critical infrastructure sectors. It outlines key emergency risks, initiatives to improve resilience, significant emergencies that have affected Victoria's critical infrastructure, and interdependencies between sectors
- *Health services emergency management policy* sets the direction for health services to have arrangements in place to minimise health effects and service disruption to communities from health emergencies and emergencies with health impacts
- *Community Resilience Framework for Emergency Management* <https://www.emv.vic.gov.au/how-we-help/resilience/community-resilience-framework-for-emergency-management> sets out how organisations can connect and work together with communities to build the collective capacity and capability to better manage long chronic stresses, and prepare to anticipate, cope with, and recover from acute shocks.

The Victorian Government prepares for and mitigates risks to public health by:

- developing and/or supporting emergency management arrangements and plans at the national, state, and local level
- engaging with community leaders and community organisations to raise awareness of risks in health emergencies and how to support those most at risk. People most at risk in health emergencies might include Aboriginal communities, culturally and linguistically diverse (CALD) communities, older people, and people with disabilities
- developing, reviewing, and promoting community messaging to raise awareness of health risks in emergencies through platforms like VicEmergency and the Extreme Weather Alert System to advise the community of a potential epidemic thunderstorm asthma event or life-threatening heat wave. (Public information and warnings are described in Chapter 5 – Public information and community engagement)
- developing, negotiating, and executing prearranged emergency procurement agreements for storage, logistics responsibilities and surge of product resources and human resources. The arrangements should reflect identified health risks, individuals, and communities most at risk and required products such as disposables
- collaborating with health sector and wide industry partners to build understanding of risks and resilience
- monitoring, detecting, and investigating hazards that could become a risk or threat to public health or the health system, including:
  - infectious diseases and other notifiable conditions through established systems such as the Syndromic Surveillance program
  - increased presentations to hospital emergency departments
  - air quality issues
  - chemical, biological, and radiological transport risks
  - terrorist threats or hostile attacks
  - workforce shortages
  - cybersecurity threats or unexplained cyber activity
  - natural hazards often associated with climate change
  - working collaboratively with other agencies, including fire services, Forensicare and the EPA

- developing, administering, and participating in training programs and exercises to create and maintain the skills and knowledge necessary, as well as highlight the roles and responsibilities and strengthen relationships for those with functional roles
- strengthening relationships across the response functional roles during the preparedness phase to foster a coordinated and seamless transition into the response and recovery phase. People who have functional roles in health emergencies may be called upon as part of surge capacity and have a responsibility to understand their roles and responsibilities, as well as how their role/s interact or intersect with other roles
- participating in the Critical Infrastructure Resilience Sectors Forum (CIRSF) to share information and initiatives, and build understanding of cross-sectoral dependencies, emergency risks and resilience.

4.2 Australian Government

The Australian Government sets national legislation, policies, plans and guidelines that support or inform how Victoria mitigates, prepares for, responds to, and recovers from public health risks and risks to the health system.

The Australian Government has also established support arrangements to assist with national health emergencies which may impact Victoria. This includes support from the Australian Defence Force for a range of functions that are requested through national formal request processes.

4.2.1 Department of Health and Aged Care

The Australian Government Department of Health and Aged Care <https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-pubhlth-strateg-bio-index.htm> is responsible for health emergencies at the national level. This includes:

- implementing legislation, such as International Health Regulations 2005 (IHR) and the human health elements of the *Biosecurity Act 2015*. In 2022, the Australian National Audit Office published the Human biosecurity for international air travellers during COVID-19 report <https://www.anao.gov.au/work/performance-audit/human-biosecurity-international-air-travellers-during-covid-19>
- developing and maintaining national health emergency response plans that inform state, regional and local emergency management plans
- coordinating the provision of essential medicines and equipment in the National Medical Stockpile through the National Incident Room (NIR). The National Medical Stockpile is a reserve of essential pharmaceuticals, vaccines, antidotes, and personal protective equipment (PPE) for use during a national response to a public health emergency that could arise from natural causes or terrorist activities.

Australian Health Protection Principal Committee (AHPPC) is responsible for:

- providing advice on managing the National Medical Stockpile during national health emergencies <https://www.health.gov.au/initiatives-and-programs/national-medical-stockpile>
- approving Australian Medical Assistance Teams (AUSMAT) that consist of health professionals for international and domestic deployment. These teams are trained through the National Critical Care and Trauma Response Centre (NNCTRC) <https://nationaltraumacentre.gov.au/>.

Australian Government Department of Health and Aged Care is also responsible for convening the Health Sector Group of the national Trusted Information Sharing Network, to coordinate information sharing to build understanding of health sector issues that may impact upon the safety and security of the health of the community and promote strategies for owners and operators of critical health infrastructure to be more resilient in the face of all hazards.

4.3 Aboriginal Health

Health emergency mitigation and preparedness activities must recognise the needs and concerns of Aboriginal and Torres Strait Islander peoples.

At a population level, there is a significant gap between the health status of Victoria's Aboriginal population and the non-Aboriginal population. Working closely with Aboriginal people, communities, and Aboriginal Community Controlled Health Organisations (ACCHOs) will enable the delivery of culturally safe health services, support, and advice, when considering all phases of a health emergency including mitigation, preparedness, response and recovery.

4.4 Mass gatherings

Victoria is a regular host to many events in varying size and across a wide range of locations. When people gather for these events, it creates an environment of potentially heightened risk to the health of the Victorian community if not managed and mitigated well.

This can be done in a number of ways, including:

- event organisers undertaking risk assessments for their events, such as the possible health and medical impacts and risks posed by other hazards. This would include engaging with response agencies for advice as required, having a plan to manage these requirements, and making sure there are appropriate services at the event to mitigate these risks
- using a coordinated management structure that includes businesses, event organisers and services on site that reflect the arrangements used for an emergency so as to quickly turn from a normal business activity to an emergency operational response if required. This allows for a decision making and response arrangement that will reduce opportunities for potential harm to patrons.

Further considerations for public events can be found in the Victorian guidelines for planning safe public events <https://www.police.vic.gov.au/events>.

5 Public information and community engagement

Providing clear, timely, tailored, and accurate public information to the Victorian community about how to stay safe and access support services is critical during a public health emergency. It will also be essential to engage directly with the community, particularly those most at risk.

Victorian Government departments and agencies, health services and LPHUs must provide a seamless and coordinated public information and community engagement response.

Comprehensive and far-reaching communications and engagement approaches, methods, and channels, may be required to reach impacted Victorians.

It is essential that planning and response activities consider appropriate communications and engagement channels for Aboriginal and Torres Strait Islanders, those from CALD backgrounds, and Victorians with a need for accessible communications.

Refer to Appendix D – Public information and community engagement for more information.

6 Response

This plan is supported by operational response plans, protocols and guides that provide additional detail so that everyone has the information they need to meet their responsibilities before, during and after an emergency.

Together, this doctrine facilitates a collaborative approach to emergency management responses that can scale up and down, and with continual assessment to best meet health needs. The level of human resourcing, including number of people and types of skills and expertise required, depends on the type of health emergency, and the complexity and impacts of the event or incident.

When responding to a specific health emergency, the Incident Controller – Health must ensure implementation of this plan and the relevant operational response plan/s.

Operational response plans in place include the following:

- *Ambulance Victoria emergency response plan*
- *Chemical, biological, radiological, nuclear, and explosives (CBRNE) incident and emergency operational response plan*
- *Communicable disease incident and emergency operational response plan*
- *Epidemic thunderstorm asthma preparedness and operational response plan*
- *Food incident and emergency operational response plan*
- *Mass casualty and prehospital operational response plan*
- *Drinking water contamination incident and emergency operational response plan.*

Guides, protocols and further information about Victoria's state health emergency response arrangements can be found on DH's website <https://www.health.vic.gov.au/emergencies/state-health-emergency-response-arrangements>.

6.1 Governance of health emergencies

The governance arrangements to health emergencies relate to when DH is the control agency.

6.1.1 State tier

Health emergency response arrangements will predominately be coordinated at the state-tier level.

The state tier will provide control over response and recovery activities and seek guidance from relevant stakeholders such as Cabinet and strategic committees as emergencies escalate, to ensure strategic decision making. Refer to Appendix A: Key supporting information.

Regional and local tier governance, control, command, and coordination of a health emergency response will not always be appropriate due to the need for a centralised coordination of arrangements (for example, in the instance of an epidemic thunderstorm asthma event).

On instruction from the DH Commander, the State Emergency Management Centre (SEMC) and appropriate incident management roles (or including full IMT) are activated, to support the response with appropriate functional responsibilities. The SHEMT is activated through notification to State Health Coordinator. DH may also request activation of the State Control Centre (SCC) to provide support to the State Controller – Health.

6.1.2 Regional tier

A region, if established, may be an emergency management region as identified in the SEMP, a health region or a region determined at the time based on the geographic area affected by the health emergency.

The regional tier, if established, will provide the first level of assurance and control, coordination of response, recovery, consequence management, communications, and resourcing. The Regional Controller will report to the State Controller – Health. A Health Emergency Management Liaison Officer (EMLO) will be appointed and work within the Regional Incident Control Centre (ICC).

When a response at the regional tier is required and appropriate for the effective coordination of an incident, the Regional Health Coordinator will coordinate emergency response activities across supporting agencies and departments and the health system (including hospitals, primary health and other acute services). The Regional Health Coordinator, where appointed, will report to the State Health Coordinator, who ultimately reports to the State Health Emergency Management Coordinator.

6.1.3 Local tier

The health sector needs to be engaged and prepared to adequately support the local health response. For example, an incident at a hospital, which is contained to a single facility, or a multi-patient severe trauma event that may involve the establishment of a Hospital Incident Management Team. Incident action plans should be developed with support from local Ambulance Victoria and key healthcare providers. Appointment of Hospital Commander and Health Commander should be considered to facilitate these activities.

6.2 Health emergency incident management system

Health emergency response uses the operational methodologies and structures pursuant to the Australasian Inter-Service Incident Management Systems[1] (AIIMS) and their underpinning principles.

There are core functions that can be established within an Incident Management Team (IMT) to manage an incident. These include control, planning, intelligence, public information, operations, investigation, logistics and finance.

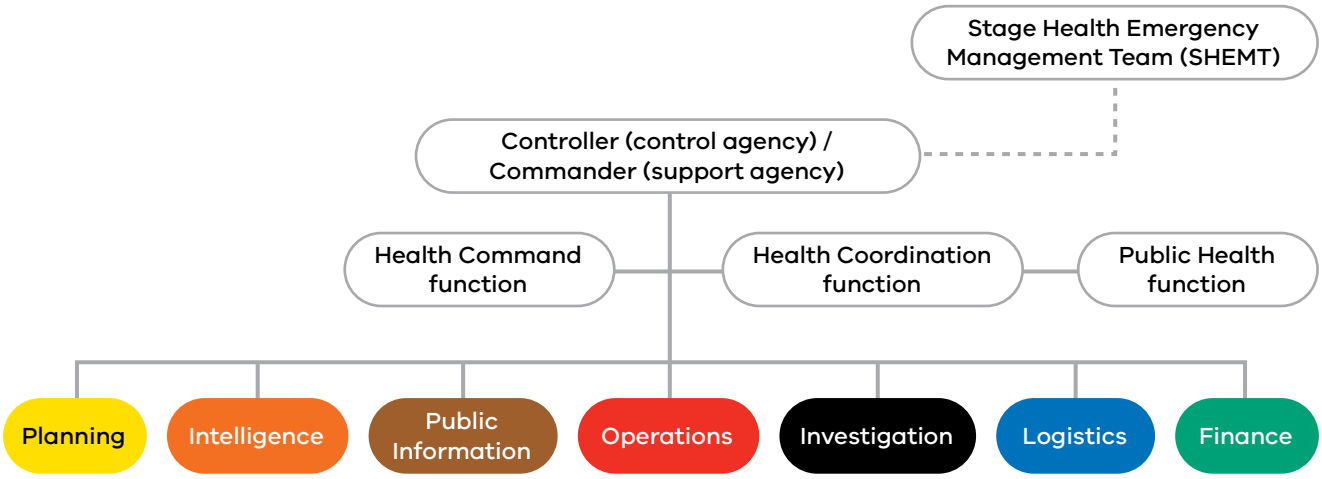
IMT(s) may be established at the appropriate tier depending on what is needed to effectively respond to a health incident and mitigate the adverse consequences for individuals or communities. Likewise, depending on the size of the health emergency, some roles may not be required, or one person may be responsible for more than one role.

Figure 3 shows the functional roles of an IMT. The IMT is led by the Incident Controller or Incident Commander who reports into the SHEMT (if one is activated).

6.2.1 DH as support agency

When DH provides support to another hazard, it will often provide a Health Commander to the IMT, as well as a liaison (EMLO), and it may establish AIIMS functions to support its activities.

Figure 3: Incident Management Team structure (example)



1 More information on AIIMS can be found at https://training.fema.gov/hiedu/docs/cem/comparative%20em%20-%20session%2021%20-%20handout%2021-1%20aiims%20manual.pdf

6.3 Assessment of incident response levels

Assessment can and should be done throughout the response, especially for prolonged health emergencies.

There are three incident response levels for health emergencies which can occur at any of the three governance tiers (local, regional, or state). Incident levels 1, 2 or 3 are described in Table 2 below.

Table 2: Incident response levels for health emergencies (Department of Health as the control agency)

Incident level 1 (Business as usual)

Description	Examples	Considerations	Authorising environment
• Typically resolved through business-as-usual arrangements • Typically, small and simple incidents with low overall community impact • Low impact on normal health system operations • May require public information	• Localised severe weather events with a limited number of associated health complaints • Routine food safety investigations and responses (e.g. small foodborne outbreaks, food pathogen/contaminant notification, undeclared allergen) • Reports of known or suspected drinking water contamination (including those requiring drinking water advisories to small populations) • Small and localised outbreak of communicable disease (e.g. meningitis, measles, hepatitis, legionellosis) • Minor accident during transport of radioactive material where package undamaged	• Escalation to Level 2 if complexity increases • Incident Controller (IC) should be supported by the Public Information Officer from the Public Health Communications Team as minimum staffing • Support from DH state emergency management operations	• Pre-appointed authorised officers (AO) are IC • IC appointed by the Public Health Commander where the pre-appointed AO is unavailable • Incident, including date of activation, the IC and any relevant personnel, and date of de-activation are recorded in the operational online system

Incident level 2

Description	Examples	Considerations	Authorising environment
• May be more complex either in geographic footprint, resources, or risk • Involves multiple agencies and resources • Medium to high community overall health impact is possible • Medium to high impact on normal health system operations • Incident Management Team at the appropriate tier/s required	• Significant number of injuries/illnesses at a mass gathering or public event • Potential high human consequence from another class of hazard • Geographically limited forecast or actual epidemic thunderstorm asthma events • Significant food safety investigations and responses (e.g. large number of human cases, unusual/ unexpected elements) • Significant drinking water contamination event (e.g. requiring boil water advisories to large populations > 5000 customers) • Significant investigations of unusual infectious disease cases or outbreaks (e.g. large outbreaks, emerging pathogen of concern, pathogens affecting both human/ animal health e.g. vector borne disease, avian influenza) • Significant investigations and responses to radiation safety incidents (e.g. where preliminary reports indicate uncontained source, such as damaged transport containers or theft of high consequence radioactive material)	• Complexity for management of emergency response in size, resources, or risk • Deployment of additional resources and subject matter experts to perform dedicated functions • Activation of SHEMT • Concurrent emergencies impacting capacity and capability • Development of an incident action plan outlining objectives, strategies, and resource allocations	• Level 2 IC appointed by Control Agency Officer in Charge (Secretary, Department of Health) on recommendation from SHEMC, who may take advice from DH Commander or CHO • All Incident Management Team artefacts (such as an Incident Action Plan) should be filed in the operational online system

Incident level 3

Description	Examples	Considerations	Authorising environment
• Characterised by high degree of complexity requiring substantial response management • May include size, resources, duration, risks and/or difficulty to control • Will have high community and media interest • Potential or actual major-to-severe community health impact • Potential or actual high to very high impact on health system operations	• Major disease outbreak • Incidents creating significant risk to communities, mass casualties and involvement of a multiagency response • Widespread / multiple weather districts epidemic thunderstorm asthma events • Food or drinking water contamination incident causing high consequence of human cases and health service pressure • Significant CBRNE safety incident resulting in individual, population or environmental exposures too radioactive material (e.g. fire or explosion resulting in discharge of unshielded radioactive material, toxic emissions)	• More complex management of emergency response in size, resources, communications, or risk • Coordination of concurrent response and relief and recovery arrangements • Deployment of additional resources and subject matter experts to perform the full range of dedicated functions due to the levels of complexity • Establishment of a SHEMT with multiple agencies involved • Activation of the State Control Centre where necessary • Development of an action plan outlining objectives, strategies, and resource allocations	• Level 3 IC appointed by Control Agency Officer in Charge (Secretary, Department of Health) on recommendation from SHEMC, who may take advice from DH Commander or CHO

Out of scale event

Description	Examples	Considerations	Authorising environment
• Significant Whole-of-Victorian-Government, inter-government coordination • Multijurisdictional impact • International event	• Global pandemic (enduring response e.g. years) • Catastrophic cyberattack on health infrastructure (critical impacts)	• Establishment of whole-of-Victorian-Government interdepartmental committees • Decision making at Cabinet level	• State Controller – Health appointed • Additional governance arrangements may be sought through Security and Emergency Management Committee of Cabinet

6.4 Notifications of emerging, imminent, or occurring health emergencies

A notification provides an early indication that a health emergency is emerging, imminent or occurring. DH receives notifications from a number of sources to inform situational awareness and timely decision making. This is fundamental to determining when arrangements should be escalated to ensure the health system can effectively respond to an incident and recover from the adverse consequences for communities.

DH also provides notifications to inform the health and emergency management sectors, among others, of a potential or actual public health risk or emergency. The CHO provides health alerts and advisories that may contain stakeholder and public information. These are posted on the Health alerts and advisories website <https://www.health.vic.gov.au/news-and-events/healthalerts> and emailed to subscribers. Examples include health alerts, food recalls or disease outbreaks.

6.4.1 Notifications to DH

Notifications and sources may include:

- a public health incident, such as a communicable disease outbreak from food or water. Notification can come from DH, LPHUs, laboratories, medical practitioners or from the NIR
- an alert from Ambulance Victoria of a significant increase or change in the volume and nature of Triple Zero (000) calls or requests to attend
- an increased demand on health services, for example Code Brown activations, spike or threshold breach of emergency department presentations provided to DH through its real-time monitoring system or information on changes in the nature and/or volume of general practitioner (GP) presentations
- adverse weather conditions from the Bureau of Meteorology that could result in health impacts such as for thunderstorm asthma weather events and heatwaves
- a novel zoonotic pathogen with human health implications, from the Chief Veterinary Officer
- drinking water quality incident from a Victorian water agency
- advice from the Chief Environmental Scientist that air quality may be significantly impacted
- from other agencies, for example Department of Environment, Land, Water and Planning (DELWP), regarding blue-green algae or EPA regarding smoke (air quality)
- an emergency affecting health services. For example, road access is cut off due to significant flooding or damage to road networks; emergency services have instructed a service to relocate or evacuate; or a service is experiencing prolonged power outages
- requests for assistance from other agencies. These may relate to emergencies with health impacts, those requiring health expertise and guidance, such as reduced air quality (smoke), or an increased cybersecurity risk received from the Australian Cyber Security Centre.

6.4.2 Notifications by DH to the health system

Appropriate and timely two-way communications between DH, LPHUs, hospitals, primary healthcare providers and the broader health system is integral to an effective health emergency response and provides situational awareness of impacts across the health system.

This is fundamental to support planning for mobilisation of resources and the creation of capacity to accommodate additional health system demand and mitigate the adverse health consequences for communities.

DH SEMC will issue a 'first wave notification' via text message (SMS) and email to all, or targeted, health services and key stakeholders. This will provide an alert of any incident that may present a substantial risk to the health and wellbeing of Victorian communities. This notification tool provides statewide communication to the Victorian public and private health system, including:

- all public health services
- all private hospitals
- other health system stakeholders, as appropriate, to support the response.

On receiving a first-wave notification recipients need to consider what, if any, impact the incident will have on their operations and respond as required.

All practitioners, agencies and hospitals operating within these arrangements are required to have:

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

6.4.3 Ongoing communications required to monitor the impact of the health emergency

These ongoing communications:

- determine pressure points within the health system
- provide a coordinated response across the health system
- identify emerging risks
- ensure a timely and efficient transition to recovery and de-escalation of activities. This is described in Chapter 7 – Recovery.

6.5 Scale of response

Health emergencies will vary in threat, scale, duration, and complexity. This requires dynamic response arrangements that are scalable to ensure the efficient appointment of roles and prompt escalations and notifications.

For information on operational plans, protocols and guides that support this plan refer to Appendix A: Key supporting information.

6.5.1 Assessment process

Health emergency response is escalated when an incident is assessed as impacting, or likely to impact, the health system's ability to effectively respond to an incident. This includes mitigating adverse health consequences for communities.

Upon notification of a potential health emergency, either through the notification process or departmental monitoring activities, the relevant functional lead, such as the DH Commander (or delegate), will undertake an assessment process to determine the appropriate level of response. The response should be assessed throughout the emergency, with a scaling up or down of activities and functional roles depending on the outcome of the assessment.

The level of human resourcing, including number of individuals and types of skills and expertise required, depends on the type of health emergency and its complexity and impacts. According to the SEMP, any government or non-government agency may be requested to assist the management of a health emergency if it can contribute. This should be reflected in agencies' business continuity plans.

For health emergencies that are prolonged or have widespread impacts, a broader range of health service providers and experts may be involved. This may include non-emergency patient transport, licensed first aid service providers, community health and Primary Health Networks, GPs, community pharmacists, and Field Emergency Medical Officers.

When assessing the situation, it is important to remember the aim of the response is to:

- contain or eradicate disease and harm
- minimise the impact on the community's health and wellbeing
- maximise health outcomes for individuals and communities impacted by an emergency.

Appendix B – Health response assessment provides further detail on key considerations in each step of the assessment process.

Assessing the impact of a health emergency will assist the relevant incident management role to make informed decisions and ensure response arrangements mitigate adverse health consequences of an incident. This includes decisions on:

- tiers of operation to be activated (state, regional, local)
- capacity and capability
- functions that need to be established or scaled (up or down)
- notifications, warnings, and public information to be issued
- readiness activities in anticipation of a health emergency.

The need to scale up or down or even de-escalate should be continually reviewed as the situation changes or new information becomes available.

6.6 Relief (as part of response)

Emergency relief involves the provision of essential needs to individuals, families, and communities during and in the immediate aftermath of an emergency. The relief needs will be complex and specific to each emergency, and requests for relief need to be managed and coordinated efficiently by the appropriate departments and agencies.

Relief activities should:

- begin as soon as necessary or practical which is often during the response phase and continue into the immediate aftermath of an emergency
- be adaptable, depending on the scale and complexity of the health emergency, while recognising a community's diversity.

Several agencies, government departments and NGOs have responsibility for coordinating or providing direct assistance to individuals, families and communities, or indirect assistance such as through the resupply of essential goods or services to communities.

Relief activities are coordinated and managed under the established coordination arrangements at each tier identified in the SEMP.

Establishing the management and coordination of relief arrangements will depend on the health emergency, which will determine which tier/s and activity level/s will need to be enacted. The delivery of relief services is coordinated by Relief Lead Agencies (RelLAs) and Relief Support Agencies (RelSAs).

The EMC may appoint a State Emergency Relief Coordinator (SERC) to coordinate state-tier provision essential for supporting individuals and communities impacted by a health emergency. The SERC will consult the State Relief and Recovery Team (SRRT) to coordinate these provisions.

State leads are identified in the SEMP relief services and coordination table <https://www.emv.vic.gov.au/responsibilities/semp/roles-and-responsibilities/relief-services-and-co-ordination>.

6.7 De-escalation for response activities

Where response activities for managing a health emergency begin to decrease, tiers activated during the response will lower activation level and functional units will scale down or deactivate where appropriate. De-escalation of response activities must consider the impacts of concurrent emergencies.

6.8 Transition to recovery

The Controller at the relevant tier should take a lead role in facilitating transition to recovery and is responsible for notifying the health system of the de-escalation of response activities and return to 'business as usual' or the 'new normal'.

When it has been determined to transition to recovery, the Controller will:

- notify relevant public health services, private hospitals, the primary health sector and other health sector stakeholders of incident stand down
- ensure an operational debrief of all participants to learn from the emergency management experience is conducted
- consider peer support advice and information for personnel involved in a response, such as access to employee assistance programs.

The type, scale and complexity of a health emergency will determine transition structures and requirements to support the coordination of recovery arrangements. Decisions made during the response phase will impact on the recovery arrangements for health emergencies. Collaboration between response and recovery agencies is imperative for a seamless and coordinated transition to recovery. All agencies involved should cooperatively share information, planning and decision making to execute plans.

Considerations must also be taken where concurrent emergencies are occurring and how this could impact transition to recovery arrangements. More information on concurrent emergencies is in Section 3.4 – Concurrent emergencies.

6.8.1 Transition plans

Transition plans should be developed collaboratively between the Controller and the appointed Recovery Coordinator at the relevant tier/s with appropriate and agreed resources both before and after transition. Planning for transition should occur before the actual transition to recovery to ensure the development and implementation of transition plans and arrangements are seamless. The community must receive continuous services during the transition.

For more information regarding transition plans and coordination arrangements from response to recovery, refer to the SEMP.

Once the initial response activities have commenced and where recovery activities are initiated, the arrangements for managing the emergency will formally transition to recovery. Recovery is further discussed in Chapter 7 – Recovery.

6.8.2 Return to 'business as usual' or new operations

Before returning to business-as-usual arrangements or transitioning to new operations, all agencies and organisations, in particular government agencies, health service providers and organisations integral to responding to a health emergency should:

- coordinate debriefing arrangements with participating agencies as soon as practicable after response activities finish and in proportion to the scale of the emergency
- gather information regarding the implemented response arrangements
- undertake lessons management activities of emergency management arrangements.

For any emergency that affects normal business operations, a review of this plan, supporting plans and standard operating procedures will be required.

7 Recovery

Recovery is 'the assisting of persons and communities affected by emergencies to achieve a proper and effective level of functioning'.[2] Recovery outcomes cannot be measured by how long it takes or by a definition of what a successful recovery looks like. Recovery for each person and community is different.

Recovery is not a linear process, and planning should commence immediately to identify the impact of the health emergency on communities and the health system. This is key to understanding post-emergency access to healthcare services, material, human and resource needs. It is also vital to the process of prioritising recovery needs and strategies.

Victoria's recovery arrangements align with the National Principles for Disaster Recovery <https://knowledge.aidr.org.au/resources/national-principles-for-disaster-recovery> and the SEMP.

Recovery is coordinated at both the tier level and activity level.

Tier-level coordination is responsible for the oversight of four recovery environments (social, economic, built and natural) and associated areas of activity. Each activity has recovery services that assist in community recovery, including programs, services and products, which are led by a Recovery Lead Agency (RecLA) and Recovery Support Agencies (RecSAs). RecLAs and RecSAs will coordinate recovery arrangements to ensure they meet the needs of individuals and communities most affected.

Activity level coordination is led by the Recovery Coordinating Agency (RecCA) which is responsible for overseeing the delivery of recovery services by RecLA and RecSAs.

Organisations other than those provided in the SEMP may also provide recovery services.

Table 3: Four recovery environments and consideration of impacts

Environment	Impacts upon
Social	Health and wellbeing of individuals, families and communities' safety, security, shelter, health and psychosocial wellbeing
Economic	Businesses, primary producers and the broader economy
Built	Essential physical infrastructure including essential services, commercial and industrial facilities, public buildings and assets and housing
Natural	Air and water quality; land degradation and contamination; plant and wildlife damage/loss; and national parks, cultural and heritage sites

To assist in recovery arrangements agencies and organisations across the emergency management sector may also refer to the following:

- National Principles for Disaster Recovery <https://knowledge.aidr.org.au/resources/national-principles-for-disaster-recovery>
- Victoria's Resilient Recovery Strategy <https://www.emv.vic.gov.au/how-we-help/resilient-recovery-strategy>
- Disaster Recovery Toolkit for Local Government <https://www.emv.vic.gov.au/how-we-help/disaster-recovery-toolkit-for-local-government>
- Emergency Recovery Resource Portal <https://www.emv.vic.gov.au/emergency-recovery-resource-portal>
- SEMP roles and responsibilities <https://www.emv.vic.gov.au/responsibilities/semp/roles-and-responsibilities> for agencies involved in recovery.

2 State Government of Victoria 2020, *State Emergency Management Plan*, p. 30.

8 Consequence management

The EM Act defines consequence management as the coordination of agencies that are responsible for managing or regulating services or infrastructure which are, or may be, affected by a major emergency, including a health emergency.

Under the Act, the EMC is responsible for the management of consequences of major emergencies including health emergencies and fulfils this role through the State Consequence Manager.

Consequence management supports strategic decision-making before, during and after a major emergency. Its importance lies in its ability to support longer-term decision-making following a major emergency. Consequence management informs and works in conjunction with relief and recovery activities.

Control agencies must identify likely consequences and ensure they are managed, and communicate how they are doing this to communities, stakeholders, and government. Such management may include activating business continuity arrangements.

Support agencies are responsible for assisting the EMC in managing the consequences of existing or possible impacts on the specific infrastructure or service that they are responsible for managing or regulating under relevant legislation. Infrastructure providers maintain the continuity of services and minimise the adverse consequences to the community of service interruptions.

DH will work with the government departments and agencies, the emergency management sector, the health sector, industry, businesses, and the community to identify and mitigate potential consequences of a health emergency.

Visit the EMV website <https://www.emv.vic.gov.au/responsibilities/consequence-management> for further information on consequence management.

8.1 Influencing factors of consequence

The direct and indirect consequences of a health emergency may vary significantly and are dependent on several factors including:

- the extent of the emergency
- the scale of people affected
- impacts on critical infrastructure
- disruption to essential services
- the likelihood to which the emergency can be controlled or contained.

Some consequences are immediate, obvious, and/or visible. Others are less apparent, emerge later or are unforeseen. Health consequences can be acute or have long-term health implications, as seen in 2014 during and following the Hazelwood Coal Mine Fire.

In addition to those who directly experience the health emergency, others may be affected such as:

- first responders and their families
- health workers and their families
- bystanders
- family, friends, and carers of those impacted
- the broader community.

For some Victorians, health, social, cultural, and economic consequences will be interconnected and compounded by other consequences or circumstances. Those most at risk in the emergency may be further disadvantaged in recovering from the consequences of health emergencies.

8.2 Consequences by recovery environment

Table 4 describes some potential consequences for recovery environments based on health emergencies for which DH is the control agency.

Table 4: Potential consequences by recovery environment

Environment	Consequences
Social Safety, security, shelter, and health and psychological wellbeing	• Physical injuries, illness, permanent disability, and death • Psychosocial impacts • Mental health impacts • Increased strain on the health system or health system is overwhelmed • Community concern, especially when the cause and extent of the health emergency is unknown • Concerns about returning to 'normal' life following the emergency • Disruptions to cultural practices
Economic Direct and indirect impacts on businesses, industry, primary producers, and the broader economy	• Damage to business' reputation • Workforce shortages due to illness, stress or restrictions on movement • Disruption in employment or loss of job • Business closures • Workers, customers and/or clients unable to access work and/or services • Loss of crops, stock or the ability to manufacture • Disruption to supply chains including medical supplies • Disruption of food production, transportation, storage and retail systems
Built Critical infrastructure including essential services, commercial and industrial facilities, public buildings, assets, and housing	• Disruption of essential services (water, electricity, fuel) to critical infrastructure, community assets and essential services • Increased generation of wastes including clinical and hazardous wastes that require safe disposal disrupt accessibility to buildings and facilities • Disruption to telecommunications hinders ability to provide public health advice, call for help or check on others • Increased calls to triple zero (000) may overwhelm the system, impacting people's ability to get care • Blocked or inundated roads limits access in and out for emergency services and others • Disruption to waste management, the capacity to collect and process waste, particularly for significant and/or prolonged emergencies
Natural Air and water quality; land degradation and contamination; plant and wildlife	• Impacts on air and water quality • Impacts on land contamination

Appendix A: Key supporting information

The tables below provide relevant state, national and international governance structures, legislation and plans related to this plan. This list is not exhaustive.

Legislation

International

Resource	URL
International Health Regulations 2005 (IHR)	https://www.who.int/health-topics/international-health-regulations

National

Resource	URL
National Emergency Declaration Act 2020 (Cth)	https://www.legislation.gov.au/Details/C2020A00128
Therapeutic Goods Act 1989 (Cth)	https://www.legislation.gov.au/Details/C2017C00226
National Health Security Act 2007	https://www.legislation.gov.au/Details/C2016C00847
Biosecurity Act 2015	https://www.legislation.gov.au/Details/C2017C00303

Victoria

Resource	URL
Ambulance Services Act 1986	https://www.legislation.vic.gov.au/in-force/acts/ambulance-services-act-1986/047
Climate Change Act 2017	https://www.legislation.vic.gov.au/in-force/acts/climate-change-act-2017/008
Emergency Management Act 1986	https://www.legislation.vic.gov.au/in-force/acts/emergency-management-act-1986/051
Emergency Management Act 2013	https://www.legislation.vic.gov.au/in-force/acts/emergency-management-act-2013/015
Environment Protection Act 2017	https://www.legislation.vic.gov.au/in-force/acts/environment-protection-act-2017/004
Food Act 1984	https://www.legislation.vic.gov.au/in-force/acts/food-act-1984/110
Health Services Act 1988	https://www.legislation.vic.gov.au/in-force/acts/health-services-act-1988/167
Mental Health Act 2014	https://www.legislation.vic.gov.au/as-made/acts/mental-health-act-2014
Non-Emergency Patient Transport and First Aid Services Act 2003	https://www.legislation.vic.gov.au/in-force/acts/non-emergency-patient-transport-act-2003/013

Victoria (continued)

Resource	URL
Public Health and Wellbeing Act 2008	https://www.legislation.vic.gov.au/in-force/acts/public-health-and-wellbeing-act-2008/040
Radiation Act 2005	https://www.legislation.vic.gov.au/in-force/acts/radiation-act-2005/033
Safe Drinking Water Act 2003	https://www.legislation.vic.gov.au/in-force/acts/safe-drinking-water-act-2003/015
Victorian guidelines for planning safe public events	https://www.police.vic.gov.au/sites/default/files/2019-05/Guidelines-for-Public-Events2018.pdf
Victoria's Pandemic Management Framework	https://www.health.vic.gov.au/covid-19/victorias-pandemic-management-framework

Plans, arrangements and guidelines

International

Resource	URL
WHO influenza risk management guide	https://www.who.int/publications/i/item/WHO-WHE-IHM-GIP-017-1

National

Resource	URL
Australian Government Crisis Management Framework (AGCMF)	https://www.pmc.gov.au/resource-centre/national-security/australian-government-crisis-management-framework https://www.homeaffairs.gov.au/about-us/our-portfolios/emergency-management/emergency-response-plans
Australian Government Department of Health and Aged Care	https://www.health.gov.au/ https://www.health.gov.au/health-topics/emergency-health-management
Emergency Management Australia (EMA)	https://www.homeaffairs.gov.au/about-us/our-portfolios/emergency-management
National Incident Centre	https://www.health.gov.au/initiatives-and-programs/national-incident-centre
National Health Emergency Response Arrangements (NatHealth Arrangements)	https://www.health.gov.au/resources/publications/national-health-emergency-response-arrangements
National Medical Stockpile (NMS)	https://www.health.gov.au/initiatives-and-programs/national-medical-stockpile
Emergency response plan for communicable disease incidents of national significance (National CD plan)	https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-nat-CD-plan.htm

State

Resource	URL
State Emergency Management Plan (SEMP)	https://www.emv.vic.gov.au/responsibilities/semp
State health emergency response arrangements (SHERA)	https://www.health.vic.gov.au/emergencies/state-health-emergency-response-arrangements
Department of Health *Health services emergency management policy* (November 2021)	www.health.vic.gov.au/health-services-emergency-management-policy
SEMP Viral pandemic (respiratory) plan	https://www.emv.vic.gov.au/responsibilities/state-emergency-management-plan-sub-plans
Health and human services adaptation action plan 2022–2026	https://www.health.vic.gov.au/environmental-health/climate-change-strategy
Community Resilience Framework for Emergency Management	https://www.emv.vic.gov.au/how-we-help/resilience/community-resilience-framework-for-emergency-management
Emergency risks in Victoria	https://www.emv.vic.gov.au/state-emergency-risk-assessment-reports
Victoria's critical infrastructure all sectors resilience report	https://www.emv.vic.gov.au/victorias-critical-infrastructure-all-sectors-resilience-report-2021
Victorian emergency operations handbook	https://www.emv.vic.gov.au/publications/victorian-emergency-operations-handbook

Committees and forums

National

Committee/forum	URL
National Federation Reform Council (NFRC)	https://federation.gov.au/nfrc
National Cabinet	https://federation.gov.au/national-cabinet
Health National Cabinet Reform Committee (HNCRC)	https://www.health.gov.au/committees-and-groups/health-ministers-meeting-hmm#related-committees-or-groups
National Emergency Management Ministers' Meeting (NEMMM)	https://recovery.gov.au/national-emergency-management-ministers-meeting
Health Ministers Meeting (HMM)	https://federation.gov.au/other-meetings/ministers-meetings
Australia-New Zealand Emergency Management Committee (ANZEMC)	https://recovery.gov.au/australia-new-zealand-emergency-management-committee
Health Chief Executives Forum (HCEF)	https://www.health.gov.au/committees-and-groups/health-chief-executives-forum-hcef
Australian Health Protection Principal Committee (AHPPC)	https://www.health.gov.au/committees-and-groups/australian-health-protection-principal-committee-ahppc
Environmental Health Standing Committee (enHealth)	https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-environ-enhealth-committee.htm
Communicable Diseases Network Australia (CDNA)	https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-index.htm
National Health Emergency Management Subcommittee (NHEMS)	https://www.health.gov.au/committees-and-groups/australian-health-protection-principal-committee-ahppc

State

Committee/forum	Description
Security and Emergency Management Committee of Cabinet (SEMCC)	The authorising mechanism for coordinating the government's response and recovery efforts to all types of major and complex emergencies and as such may be convened during and after an emergency.
State Crisis and Resilience Council (SCRC)	Peak crisis and emergency management advisory body to the Victorian Government and provides advice to Ministers and relevant Cabinet subcommittees. It is responsible for the development and implementation of whole-of-Victorian-Government EM policy and strategy. It does not make operational or tactical decisions.
State Emergency Management Planning Committee (SEMPC)	Lead and champion Victoria's emergency management planning arrangements by supporting its integrated, coordinated and comprehensive framework for planning at state, regional and municipal levels.
Policy and Strategy Subcommittee (PASS)	Standing subcommittee of SCRC for the purpose of providing a regular meeting forum for the senior leaders across the SCRC membership to support the work of SCRC and provide strategic advice to SCRC, as the peak crisis and emergency management advisory body.
Emergency Management Joint Public Information Committee (EMJPIC)	Assist the EMC with public, stakeholder and government communications including warnings and engagement Ensure the messages of all agencies are included in public communications for major emergencies Form and implement strategic media and communication if an emergency requires a multiple-agency response, is the portfolio responsibility of multiple Ministers or is an incident that has the potential for major consequences for communities Support agencies to strengthen whole-of-Victorian-Government communications and regional and incident communications
Joint Intelligence Planning Group (JIPG)	Identify WoVG potential consequences for major emergencies Identify new risks and potential mitigations to inform emergency management operational planning Share intelligence priorities, data, information and identify gaps Share experiences and learnings Prioritise, plan and coordinate risk mitigation activities Provide a forum to discuss issues in greater detail Maintain department and agency relationships during low tempo periods
Regional Emergency Management Planning Committee (REMPC)	Responsible for the preparation and review of their Regional Emergency Management Plan (REMP) Ensure the REMP is consistent with the SEMP Provide reports and recommendations to the EMC in relation to any matter that affects or may affect EM planning in their region

State (continued)

Committee/forum	Description
Municipal Emergency Management Planning Committee (MEMPC)	Responsible for the preparation and review of their Municipal Emergency Management Plan (MEMP) Ensure the MEMP is consistent with the SEMP and with the relevant REMP Provide reports and recommendations to the region's REMPC in relation to any matter that affects or may affect EM planning in their municipal district
State Control Team (SCT) – Operational	Implements the strategic context for response (readiness, control and relief) and for integration of relief and recovery.
State Coordination Team (SCoT) – Operational	Sets and monitors strategic context for response to and recovery from major emergencies.
State Emergency Management Team (SEMT) – Operational	Develops a state strategic plan with high-level actions for agencies to manage consequences
State Relief and Recovery Team (SRRT) – Operational	Coordinates state-tier relief and recovery governance, management and operational delivery.

Appendix B: Health response assessment

Assessing the likely or actual health impact is undertaken through the response to ensure the response is effective. The table below provides a matrix for assessing the overall community impact.

The severity of health consequence is represented in the columns of the table. The scale of incident includes number of people affected, size of geographical area affected, and potential increase in illness or injury (urgency).

Health response assessment matrix

Scale/severity	**Severity: Minor** • Known and treatable illness or injury • Home management likely • No mortality	**Severity: Moderate** • Illness or injury requires or is likely to require treatment by prehospital or primary care services • Minor increase or likely small increase in mortality	**Severity: Significant** • Illness or injury requires or is likely to require treatment in hospital • Moderate increase or likely moderate increase in mortality	**Severity: Critical** • Illness or injury requires or is likely to require extended hospital treatment and rehabilitation • Significant increase or likely significant increase in mortality
Scale: Very large (All or most of state impacted)	**Major**	**Major**	**Severe**	**Severe**
Scale: Large (Several communities or regions impacted)	**Medium**	**Major**	**Major**	**Severe**
Scale: Medium (Community impacted)	**Low**	**Medium**	**Major**	**Major**
Scale: Small (Individuals impacted)	**Low**	**Low**	**Medium**	**Major**

Use the table below to assess the extent to which the incident has impacted, or may impact, the community's health on a small, medium, large or very large scale.

Scale of incident

Scale	Example Indicators
Number of individuals affected	• Predicted or actual volume of Triple Zero calls • Predicted or actual volume of hospital presentations • Predicted or actual number of presentations and volume of calls to GPs, community pharmacies and other health care service providers (such as NURSE-ON-CALL) • Number of notifications of reportable or suspected disease or illness
Size of geographical area affected	• Predicted or actual location of Triple Zero calls • Predicted or actual location of increased hospital presentations • Predicted or actual location of notifications of reportable disease or illness • Predicted or actual size of biological or radioactive incidents (actual and predicted) • Predicted or actual extent of food or drinking water contamination
Potential increase in illness or injury (urgency)	• Degree of transmissibility and population vulnerability • Number of individuals potentially impacted and unaccounted for • Likely increase in exposure to threat or hazard • demand on critical care services • Information from other agencies

The table below provides an effective response by actual or likely impact to maximise health outcomes for communities.

Key to understanding impact on health outcomes

Impact on health outcomes	Effective response to maximise health outcomes for communities
Low	• This incident has had, or is likely to have, a low impact on health outcomes. • Response can be managed within managed through EM framework at a local level.
Medium	• This incident has had, or is likely to have, a medium impact on health outcomes. • Response requires capacity or capability additional to the responding to usual arrangements of the responding business unit and usual partner agencies. • This will typically be a non-major emergency.
Major	• This incident has had, or is likely to have, a major impact on health outcomes. • Response requires additional capacity or capability across the health system and multiple government departments/agencies. • This may be a major emergency and may be recognised as a health emergency for which DH is the control agency.
Severe	• This incident has had, or is likely to have, a severe impact on health outcomes. • The State's capacity or capability to respond has been, or is likely to be, exceeded. Additional capacity or capability is required through multijurisdictional and/or international support. • This will be a major emergency and may be recognised as a health emergency for which DH is the control agency.

Next, identify whether any complexities and consequences of this incident change the assessment. Consider the following and adjust (potentially moving one or more columns to the right) on the response matrix:

Further considerations

Consideration	Example
Complexities	• Concurrent emergencies (refer to Section 3.4.) • Unprecedented response required (no plan exists or plan untested) • Multisectoral consequences requiring significant coordination • Multijurisdictional or Commonwealth involvement • Specialised technical knowledge and skills required • Isolation of health services caused by egress and access issues • Inability to access the health system due to service disruption
Context	• Level of community resilience or vulnerability • Need for public information and warnings (including CALD needs) • Need for communications in relation to the incident • Level of community concern • Level of health system resources required to support response • Level of loss or incapacitation of health structures • Duration of incident

Appendix C: Glossary

Term	Definition
Acute care	Victorian acute care includes admitted and non-admitted services such as critical care, surgical services, Hospital in the Home, specialist clinics, trauma and emergency services.
Business continuity	The uninterrupted availability of all key resources supporting essential business function. Business continuity management provides for the availability of processes and resources in order to ensure the continued achievement of critical services objectives.
Casualty	A person who is sick, injured or killed in an emergency.
Chief Health Officer	The Chief Health Officer appointed under the *Public Health and Wellbeing Act 2008*.
Health emergency	Health emergency in the context of this plan includes an incident or emerging risk to the health of community members, from whatever cause, and requires a significant and coordinated effort to ensure the health system can effectively respond and mitigate the adverse health consequences for communities.
Health response	The significant and coordinated management of pre-hospital and hospital response to a health emergency.
Health sector	The health sector consists of businesses that provide medical services, manufacture medical equipment or drugs, provide medical insurance, or otherwise facilitate the provision of care to patients.
Health service	Relates to public health services, denominational hospitals, metropolitan hospitals and public hospitals, as defined by the *Health Services Act 1988,* with regard to acute and subacute services provided within a hospital or a hospital-equivalent setting.
Health system	A health system, in the context of this plan, refers to government agencies, organisations, health care providers and facilities that deliver healthcare services to meet the health needs of target populations.
Hot debrief	An immediate debrief of personnel directly involved, to capture information and feedback while it is still fresh in people's minds. Normally conducted by the team leader or supervisor of a functional area or capability, to help identify issues or concerns.
Life support customers	Power customers who are registered as dependent on electricity for medical reasons.
Mass casualty situation	An emergency involving such number and severity of casualties for which normal local resources for response may be inadequate.

Term	Definition
Mitigation	The elimination or reduction of the incidence or severity of emergencies and the minimisation of their effects.
Mortality	Refers to the number of deaths that have occurred due to a specific illness or condition.
Pre-hospital	A functional component of health emergency response, from response at the scene of an incident, to the receiving hospital or other health facility.
Primary care	The care received at the first point of contact with the health system, for example, when someone sees a physiotherapist because they have a sore back. It is traditionally delivered in community health centres or through private allied health providers.
Public health	Public health involves preventing the occurrence and spread of disease and illness, and reducing the risk posed by potentially dangerous substances to ensure safe environments across Victoria.
Triage	The process by which casualties are sorted, prioritised and distributed, according to their need for first aid, resuscitation, emergency transportation and appropriate care.
People most at risk	Individuals and communities who have the potential to be adversely affected by a disaster or emergency and who, because of the circumstances in their everyday lives, require significant and coordinated priority intervention, response, and support from a variety of government and NGOs and the broader community for their safety.

Appendix D: Public information and community engagement arrangements

This appendix provides information on planning for and responding to health emergencies. It covers state and national government arrangements, workforce planning, messaging development, community insights, and communications and engagement channels.

Governance

Victorian Government

The Victorian Emergency Management Joint Public Information Committee (EMJPIC) provides strategic guidance for state-level communications and engagement planning and messaging. This ensures the Victorian Government has a coordinated and cohesive communications approach.

Regional and Incident Joint Public Information Committees may also be established to help coordinate localised communications.

When an emergency occurs affects the health and wellbeing of Victorians, DH will work closely with the State Control Centre and/or Regional and Incident Control Centres to provide real-time public information, warnings, and advice.

Australian Government

The Australian Government Department of Health and Aged Care coordinates national health messaging via the National Health Emergency Media Response Network.

Planning

Public information and community engagement planning

DH has hazard-specific communication and engagement plans for all its control agency responsibilities including major food and drinking water contamination, human disease, epidemic thunderstorm asthma, and biological and radioactive leaks and spills.

These plans:

- outline the unique state and national public information arrangements for each hazard
- consider various scenarios, risks, and mitigations
- determine approaches for key communication functions including proactive and reactive media and social media, community and stakeholder engagement, advertising campaigns, strategic communications, and website creation and management.

During complex or prolonged health emergencies, incident specific communication planning should be undertaken.

It is essential that planning identify targeted communications and engagement channels to reach the specific communities impacted, including Aboriginal and Torres Strait Islanders, those from CALD communities, and vision and hearing-impaired Victorians.

It is also essential that arrangements are in place for the rapid translation of critical information across different channels.

Insights and community engagement

Community, stakeholder, and other insights should be used to inform all communications and engagement planning and should inform how to communicate and identify effective broad-based and targeted communications channels.

Collaboration will be undertaken with key engagement stakeholders including local government to provide effective communication strategies that remove duplication and improve insights.

Effective media and social media monitoring tools should also be established.

Workforce planning

During complex or prolonged emergencies, a significant increase in resourcing may be required, including maintaining 24-hour, seven day a week coverage during peak times.

Annual workforce planning and capacity building should be undertaken including identifying and training surge staff.

Planning should also identify critical communication functions, such as media and social media and ensure scalable resourcing arrangements are in place.

Implementation

Public information unit

Depending on the scale of the emergency, it may be necessary to establish a public information unit dedicated to the response.

The unit should be led by a trained public information officer and can include key functions such as media, digital and social media, strategic communications, and community and stakeholder engagement.

Workforce and recruitment

There may be a need to rapidly scale up a communications and engagement workforce and use surge staff from within DH or from across government.

Clear and streamlined processes for onboarding staff will be needed including guides, process manuals and 'just in time' training.

Fatigue management and managing staff wellbeing will be crucial. Rostering of key roles 24 hours, seven days a week may be required.

Ensure staff are provided with rest days and promote employee assistance programs and other support services.

Insights and community engagement

It may be important to draw on established community and industry networks to inform our communications and engagement response. DH can use established networks to test messaging and campaign materials to ensure it is effective and culturally and linguistically appropriate.

Daily media and social media monitoring may be required with insights and data reported to executives and key decision-makers to inform the broader response.

Communications and engagement channels

In the event of an emergency, DH should activate its identified communication and engagement channels including but not limited to media, paid advertising campaigns, digital and social media, as well as stakeholder and community engagement channels.

Content for digital, social and hotlines should be regularly reviewed and updated as the situation changes.

Media spokespeople and those delivering messaging should be trusted, confident and experienced subject matter experts authorised to speak on behalf of the Victorian Government.

Using community and faith leaders to develop and share messaging is also an effective strategy for reaching communities and consumers through trusted sources. Established local networks should also be used to help disseminate important or urgent messages to communities.

Messaging

Victorian Government departments and agencies are responsible for developing their own messaging about impacts to their services during a public health emergency.

Messaging should be coordinated through the State Control Centre and reviewed and updated regularly. It should be aligned with current public health advice and may be informed by community and stakeholder insights.

It should also:

- reflect current public awareness and attitudes
- be responsive and empathetic
- encourage social cohesion
- help reduce stigma
- correct misinformation.

Information that helps the community understand the situation and how to stay safe, should be translated (including easy English) as a priority.

Messaging must be appropriately authorised before use.