State Emergency Management Plan

Health Emergencies Sub-Plan

VICTORIA State Government | Department of Health

Acknowledgment of Country

The Department of Health acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land.

The Department of Health also acknowledges and pays respect to the Elders, past and present, and is committed to working with Aboriginal and Torres Strait Islander communities to achieve a shared vision of safer and more resilient communities.

Title

Bayi Dha-ang
Walk Strong
(Dhudhuroa language)

Artist Acknowledgment

Bitja (Dixon Patten Jnr)
Bayila Creative

Tribes: Gunnai, Yorta Yorta, Gunditjmara, Dhudhuroa / Jaithmathang, Djab Wurrung, Wemba Wemba, Wadi Wadi, Barapa Barapa, Monero, Wadawurrung.

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1 Introduction

1.1 Purpose

The State Emergency Management Plan (SEMP) Health Emergencies Sub-Plan (the plan, or HESP) sets out the arrangements for managing health emergencies in Victoria. The HESP outlines an integrated and coordinated approach to minimising the impact of emergencies on the health system and protecting the health and wellbeing of Victorians. The plan includes guidance on mitigation, preparedness, response (including relief) and recovery arrangements.

The HESP describes the arrangements for the Department of Health (the department), to act as both a control and support agency, to coordinate the health system and the multi-agency response to health emergencies.

In addition to the HESP, specific SEMP sub-plans have been developed for Pandemic and Radiation health emergencies. These sub-plans provide hazard specific detail on how the HESP arrangements are applied in these emergency events.

1.2 Authorising environment

The *Emergency Management Act 2013* (the Emergency Management Act) provides the legislative basis to manage emergencies in Victoria. The SEMP specifies the roles and responsibilities of agencies in relation to emergency management.

For health emergencies, further Victorian legislation that applies to specific powers and responsibilities includes (in alphabetical order):

- *Ambulance Services Act 1986*
- *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.*

In addition, this plan is supported and enabled by governance structures, legislation, plans and guidelines at the state, national and international level. Refer to Appendix A: Key supporting information for an overview of key reference documents.

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

1.3 Implementation

The arrangements in this plan operate across mitigation, preparedness, response (including relief) and recovery, and apply on a continuing basis. The response section provides a scalable approach that guides the level of response required to respond to a health emergency. These arrangements are designed to interact with other SEMP sub-plans. Familiarity with the arrangements in the SEMP is recommended prior to reading the HESP.

Implementation of the HESP is supported by a multi-layered collaborative approach. The department, as a control agency, undertakes internal planning and whole of health system planning, and maintains a suite of operational doctrine including (but not limited to) plans covering the following topics and arrangements:

- Department of Health response coordination planning
- Department of Health Relief and Recovery Framework
- Mass casualty and pre-hospital operational response planning
- Multiple complex burns casualties guidelines
- Hospital and health service code brown guidelines
- Health sector notifications.

For publicly available plans, view the State Health Emergency Arrangements <https://www.health.vic.gov.au/emergencies/state-health-emergency-response-arrangements>.

In addition, other agencies and health services that have roles and responsibilities within the HESP have their own planning, doctrine and arrangements in place to support the operationalisation of this plan.

1.4 Audience

The intended audience for the HESP includes all agencies, organisations, and community groups within the Victorian health and emergency management sectors that have roles and responsibilities in managing health emergencies and reflects a coordinated working arrangement led by the department as the nominated Control Agency. 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 content of this plan informative to help prepare for, respond to and recover from health emergencies.

2 The health emergency context

2.1 Health emergencies

A health emergency is an emerging 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 an effective response to, and recovery from, the emergency.

Health emergencies may result from a range of hazards, including (but not limited to):

- natural hazards such as bushfire, flood, storm, tsunami, earthquake, heatwave
- industrial fires
- explosions and accidents
- disruptions to critical infrastructure and essential services such as electricity, gas, telecommunications networks and cloud service provider outages
- biological releases or radioactive materials incidents
- food or drinking water contamination
- cybersecurity threats
- human disease and epidemics.

These hazards can be interconnected and can directly or indirectly lead to significant health and health system consequences. For example, a severe storm can lead to a prolonged and widespread power outage, disrupting hospital operations and health service delivery. Similarly, a hazardous material (HAZMAT) incident could contaminate drinking water supplies, potentially resulting in the spread of disease.

This plan addresses health emergencies of any cause and emphasises the importance of early mitigation and coordinated multi-agency response to prevent escalation.

This broad definition of a health emergency, along with the range of hazards which can result in a health emergency, means they may be managed under a range of arrangements, including:

- as a Class 1, 2 or 3 emergency under the Emergency Management Act and the SEMP
- with the department acting as the control agency or as a support agency.

2.1.1 Classes of emergency

Under the Emergency Management Act, there are three classes of emergencies in Victoria.

A **Class 1** emergency is a major fire, or any other emergency for which Fire Rescue Victoria, the Country Fire Authority or the Victoria State Emergency Service is a control agency for, as per the SEMP. This includes flood, storm, hazardous materials, tsunami and earthquake.

- In Class 1 events, the health emergency components of the response are managed under the support agency arrangements detailed in this plan

A **Class 2** emergency means any emergency which is not a Class 1 emergency or a Class 3 emergency.

- In Class 2 emergencies, the health emergency management components of the response may be managed under either:
  - the control agency arrangements of this plan where the Department is the mandated control agency.
  - the support agency arrangements detailed in this plan for all other Class 2 emergencies.

A **Class 3** emergency is a warlike or terrorist act, a hijack, siege or riot.

- In Class 3 emergencies the health emergency components of the response are managed under the support agency arrangements detailed in this plan.

2.1.2 Control and support agencies

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

A **control agency** is nominated under the SEMP as the responsible entity for managing the response to a specified form of emergency. The control agency is accountable for establishing the management arrangements for an integrated response to the emergency.

The Department of Health is the control agency for the following health emergencies:

- incidents involving biological releases and radioactive materials
- food (including retail food) / drinking water contamination
- human disease - this can include pandemic, epidemic, and the rapid onset of mass illnesses (from any cause, that meets the definition of a health emergency).

Example – Rapid onset of mass illness

On 21 November 2016 Melbourne experienced the world's largest epidemic thunderstorm asthma event, with thousands of people developing breathing difficulties in a very short period of time. At the time of the cause of this mass illness was unclear, however, its impact on Victorians and the health system meant this was a health emergency. If this, or another similar event, were to happen again, this would fall under the category of human disease and the Department of Health would be the control agency.

Example – mass illness in extreme heat

Exposure to extreme heat can pose a health risk to Victorians, which can result in mass illness and increased burden on the health system. This may lead to a health emergency as defined by this plan. As part of the Victorian government's coordinated response to heat events, the department may activate control or support* agency arrangements as set out in this plan, depending on the incident.

**Not all heat events will have (or solely have) human health impacts.*

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

In a health emergency where the department is the lead response support agency, the department will respond to the health risks, or consequences, of an emergency, as well as lead and coordinate the health sector response, to ensure the health, mental health and wellbeing of all Victorians. This includes:

- leading and coordinating the health sector response to incidents that result in mass casualties
- working to resolve critical supply chain issues
- supporting, enabling, or coordinating evacuations
- enabling continuity of health service delivery
- health sector staff mobilisation and deployment coordination.

Additionally, the department may be requested to assist the control agency to provide:

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

For more information about control and support agency roles and responsibilities for all agencies, view the SEMP Roles and Responsibilities <https://www.emv.vic.gov.au/responsibilities/state-emergency-management-plan-semp/roles-and-responsibilities>.

Transfer of Control

Due to the complexity of emergency events, there are some situations where the control agency may be unclear or may require the transfer of control during an emergency. This could be due to the capacity or capability of the control agency, or due to a change in the primary hazard or consequence of a hazard being managed.

Transfer of control can also occur in concurrent emergencies. In this situation, the department will consult with the Emergency Management Commissioner (EMC) and other relevant control agencies to determine (and document) appropriate control arrangements.

Example

An act of terrorism is a Class 3 emergency and would be managed by Victoria Police as the control agency. However, if that act of terrorism included a biological or radiological release, or resulted in a mass casualty event, a transfer of control could occur. This transfer could occur in either direction and may depend on a number of factors including, the consequences that need to be managed or if the health impacts or threat of terrorism were identified first.

The Department of Energy, Environment and Climate Action (DEECA) is the control agency for emergency animal diseases. However, if a disease begins to undergo human-to-human transmission, a decision may be made to move to unified control arrangements and then transfer control to the Department of Health if required.

2.2 Victoria's health system

2.2.1 Key components of the system

Victoria's **health system** is large, complex, and highly interconnected, consisting of numerous systems supported by a network of organisations, including surveillance bodies, research institutions, boards, and consumer groups. It encompasses a wide range of facilities, physical assets, suppliers, manufacturers, and advanced information technology systems.

Within the **health sector**, Victoria's health system provides high-quality healthcare, education, and disease prevention for all residents. There are many types of healthcare, including primary care (general practice), hospitals, mental health, allied health, aged care, dental, pharmacy and complementary medicine, working together in two complementary streams, being public and private.

The system delivers essential **healthcare services** to the Victorian community, including outreach services to remote and isolated populations and those most at risk. These services are offered through a wide range of public, private, and not-for-profit providers, along with various funding arrangements, partnerships, and regulatory mechanisms. Healthcare service providers encompass a wide range of entities, including those provided below. Further information is detailed in the departments' Strategic Plan 2023-27 <https://www.health.vic.gov.au/our-strategic-plan-2023-27>.

Aboriginal Community Controlled Organisations

Aboriginal Community Controlled Organisations (ACCOs) are independent organisations governed by members of the local Aboriginal Community, which receive multi-agency funding and support to advance self-determined actions to develop and strengthen their respective communities.

ACCOs deliver a range of culturally safe and responsive health, wellbeing, and social services within Victorian Aboriginal Communities, and are critical partners in the delivery of emergency preparedness, planning, and response activities. The service delivery profile of ACCOs varies from region to region but generally includes comprehensive primary healthcare, social and emotional wellbeing services, housing and homelessness, early childhood education, aged care, family violence, disability, Aboriginal-led child protection and family services, employment and skills programs, and social enterprises.

Coordination with ACCOs in emergency contexts can be supported by VACCHO, the peak representative body for Aboriginal health and wellbeing in Victoria.

Ambulance services

Emergency ambulance services are used in Victoria to respond to people who are seriously ill or severely injured due to accident or illness. Ambulance Victoria is the statutory provider of pre-hospital emergency care and ambulance services in Victoria, including air ambulances. Non-emergency patient transport services are provided by Ambulance Victoria and a range of private patient transport providers.

Community health

Community health services target access to those with the greatest risk of poor health outcomes and the greatest economic and social need, who may face barriers to accessing care through other services and settings. They sit alongside general practice and privately funded services to make up the primary health sector in Victoria.

First aid services

First aid services (FAS) deliver commercial first aid across Victoria at events, workplaces, and sports venues. To ensure safety and quality, all FAS must be licensed under the *Non-Emergency Patient Transport and First Aid Services Act 2003*. The department regulates this sector through its Health Regulator, enforcing compliance with the 2021 regulations. These laws set minimum standards for first aid provision to protect public health and safety.

Mental health services

Victoria's mental health services provide a range of clinical and non-clinical care and support. Clinical services focus on the assessment and treatment of people with a mental illness, whereas non-clinical services focus on activities and programs that help people manage their own recovery and maximise their participation in community life.

Primary health networks

Primary health networks (PHNs) are independent organisations that are federally funded to coordinate primary healthcare in their region. PHNs assess the needs of the community and commission health services to ensure that coordinated primary care services are available where and when community members need it. There are 6 PHN regions in Victoria.

Public health

The Victorian health system supports the public health functions, powers 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. 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.

Local public health units

Local public health units (LPHUs) are a key part of the public health function, led by health services and authorised under the *Public*

Health and Wellbeing Act 2008 by the Chief Health Officer (CHO) to administer programs for disease prevention and control, as well as population health. LPHUs utilise expertise, local knowledge, community-based relationships and direct engagement to deliver public health programs and respond to notifiable conditions, outbreaks and public health incidents that impact their region.

Residential aged care

Residential aged care services provide continuous supported care for older people who can no longer live at home, ranging from help with daily tasks and personal care to 24-hour nursing care. Residential aged care services are delivered by a range of providers, including not-for-profit, private and public sector organisations.

2.2.2 The health system and emergencies

All emergencies can affect health services, either directly or indirectly. Health emergencies, such as a pandemic, pose immediate threats to public health and require a health-led response. Other emergencies may result in health consequences or health impacts, such as widespread respiratory issues from bushfire smoke, or the loss of access to health services due to infrastructure damage from floods.

The health and wellbeing of Victorians rely on the core service delivery of the health system, and any significant disruption to the health system's ability to deliver core services, regardless of the original cause, can itself constitute a health emergency. Accordingly, continuity of health care service provision and the ability to surge to meet the needs of communities, particularly those most at risk, during and after emergencies, is a priority for the health system.

Health services are required to have arrangements in place across all phases of emergency management (mitigation, preparedness, response (including relief) and recovery) to minimise health effects and service disruption to communities from emergencies.

Both public and private Hospitals play a critical role in responding to health emergencies. Depending on the nature of the emergency, a broader range of health service providers and experts may also be involved to achieve the best possible health outcomes for affected community members.

Under this plan, the department, Ambulance Victoria and health services work together as the key agencies to deliver a health emergency response. To enable these arrangements, the department has delegated responsibility for pre-hospital care command arrangements to Ambulance Victoria and delegated provisions in the Public Health & Wellbeing Act to local public health units.

Pre-hospital command

To support and enable the incident level response, Ambulance Victoria holds delegated command for **pre-hospital care** during an emergency. This includes field response (including FEMO and VMAT), ambulance services, non-emergency patient transport, licensed first aid service providers, first response assistance, and spontaneous volunteers. This enables Ambulance Victoria to command health care providers at the incident site (for example in a mass casualty situation) allowing for effective prioritisation of resources and coordination of care.

This arrangement applies under both the control and support agency arrangements detailed in this plan.

3 Mitigation

Mitigation includes the elimination or reduction of the incidence or severity of emergencies and the minimisation of their effects. Mitigation efforts to increase resilience to emergencies is the collective responsibility of all levels of government, business, the non-government sector and individuals. Accordingly, the entire health system has a shared responsibility to mitigate the health impacts of emergencies, to minimise the consequences for the health of Victorians.

As per the SEMP, the department participates in mitigation activities for the following emergencies:

- **Bushfire:** community education, awareness and engagement to prevent and respond to bushfire smoke.
- **Electricity supply disruption:** public awareness, public communication, and engagement.
- **Epidemic thunderstorm asthma:** education and community resilience, monitoring and broadcasting warnings for epidemic thunderstorm asthma events.
- **Flood:** community engagement and awareness.
- **Gas supply disruption:** public awareness.
- **Hazardous materials incidents:** high consequence transport requirements including pre-transport modelling and readiness; minimising incident potential through reduction in HAZMAT use (including inventory minimisation). Regulating the use, possession, storage, transport, sale and disposal of radioactive material.
- **Heatwave:** education and community resilience, monitoring and broadcasting warnings of heat events.
- **Pandemic:** vaccination; active investigation of notifiable diseases and novel or rare pathogens with pandemic potential; engagement with national and international groups on the monitoring and response to viruses with pandemic potential; health guideline and relevant standards and codes; community education; surveillance and modelling data from outbreaks, research of historic events; health and emergency management sector pandemic planning, health system coordination and oversight, surge capacity planning and exercises.
- **Water supply disruption:** maintaining legislative framework and regulations.

Further information relating to mitigation responsibilities is available in the SEMP.

Mitigation efforts aim to eliminate or reduce both the incidence and severity of health emergencies. This means that all initiatives designed to strengthen the resilience of the Victorian healthcare system and enhance the health of Victorians contribute to mitigating health emergencies. These efforts include building the capacity and capability of the healthcare system, improving its resilience to external stressors (such as enhancing cybersecurity protocols), as well as advancing public health and clinical care to improve the health outcomes for Victorians.

4 Planning and Preparedness

Preparedness refers to the state of readiness to respond to an emergency. It includes activities to prepare for and minimise the effects of emergencies by having plans, capability and capacity for response and recovery. Preparedness and mitigation are closely interrelated, as they both aim to mitigate the severity of an emergency.

The department is responsible for planning and preparing for the health response to emergencies, including impact-based response planning, community preparedness and capability planning for the health system. In addition, the department provides whole-of-health leadership and direction as part of a shared responsibility with the health system to plan and prepare for emergencies with major health consequences. Preparedness activities include (but are not limited to):

- Monitoring, detecting, investigating and assessing hazards that could become a risk or threat to public health or the health system. Including working alongside partner agencies to undertake assessment processes and providing health subject matter expertise. See Emergency Management Victoria's (EMV) webpage for more information about Emergency Risks in Victoria <https://www.emv.vic.gov.au/publications/emergency-risks-in-victoria>.
- Implementing legislation, programs and policies to minimise public health or health system risk from identified hazards.
- Developing and exercising arrangements to ensure that when a health emergency occurs, all resources and services needed to respond can be efficiently mobilised. This includes using the Emergo Train System (ETS) model and the Major Incident Medical Management and Support (MIMMS) training and exercising with health services.
- Developing policy, and operational arrangements and plans that guide required response activities.
- Ensuring necessary relationships, both through formal and informal mechanisms, are in place across government, the health and emergency management sector, and with ACCOs and Aboriginal communities to effectively respond to health emergencies.
- Providing timely and accessible advice and warnings to the community regarding health risks, so that people can make informed decisions to keep themselves safe.
- Working with the community to ensure planning and preparedness activities consider the needs of all Victorians, including Aboriginal communities, Culturally and Linguistically Diverse (CALD) communities, disabled communities, the elderly, children and young people.

4.1 Mass gatherings

There is no specific control agency designated for mass gatherings, as they are not classified as hazards or emergencies on their own. However, mass gatherings can increase exposure and vulnerability to various hazards, including heat, fire, terrorism, infectious diseases, and storms, which have the potential to result in mass casualty incidents. Therefore, emergencies that affect mass gatherings will be managed by the appropriate control agency, with the health emergency aspects handled according to the arrangements detailed in this plan, either through control or support agency arrangements.

Where mass gatherings are pre-planned, a coordinated management structure which enables escalation to emergency management systems and structures is vital. This enables coordinated escalation if a health emergency were to occur, as well as decreasing the likelihood of an emergency through effective and coordinated risk management.

While not all mass gatherings are pre-planned public events, further guidance on public events and health agencies roles in planning and preparedness can be found on Victoria Police's webpage Events <https://www.police.vic.gov.au/sites/default/files/2019-05/Guidelines-for-Public-Events2018.pdf>.

5 Response

The SEMP provides the emergency management framework for the management of all emergencies in Victoria. This includes a framework for escalated response through the emergency management tiers and SEMP role statements <https://www.emv.vic.gov.au/responsibilities/state-emergency-management-plan-semp/roles-and-responsibilities/role-statements> for agencies this plan is based on.

5.1 Emergency management tiers

Victoria has three emergency management tiers (incident, region and state) with the option of an 'area of operations' being assigned to manage a complex emergency that may be geographically located over several municipalities or regions.

Most Class 1 emergencies in Victoria are controlled at the incident tier using local resources, with the regional and state tiers enacted for additional support if the emergency has implications beyond the incident tier. As a support agency for Class 1 emergencies, the department's response will predominantly occur at the regional and local tiers, with the state tier activated for overall coordination and objective setting.

Given the often-large geographical spread of Class 2 health emergencies, centralised control and coordination of response arrangements at the state tier is most appropriate. Response arrangements at the regional and local tiers can then be scaled up as required based on the scale and complexity of the emergency.

5.1.1 State health tier

The health state tier provides overall control and coordination of response and recovery activities, through the State Health Coordination Centre (SHCC) in Melbourne. Linkages to departmental and state emergency management governance are facilitated at this tier to ensure strategic decision making.

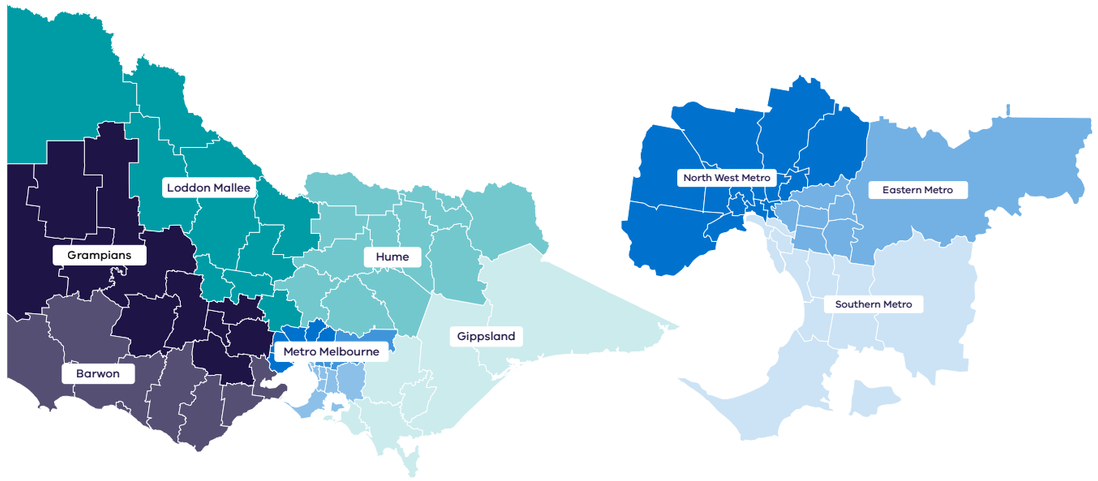
Multi-agency engagement across the emergency management sector is facilitated at this tier via the State Control Centre (SCC). Health agencies will be represented in the SCC by members of the State Health Coordination Team (SHCT) and though external agency liaison roles as required.

5.1.2 Regional health tier

Victoria has eight emergency management regions: Loddon Mallee, Grampians, Barwon South West, Hume, Gippsland, North West Metro, Eastern Metro and Southern Metro, as shown in **Figure 1**. At the regional tier, the department and Ambulance Victoria have designated regions that provide coverage to all 8 emergency management regions and include some overlapping boundaries.

In a health emergency the regional tier provides regional command and coordination of response and recovery activities. The regional tier ensures effective planning and coordination of activities across control and support agencies, health services and the broader health system, to mitigate and respond to the health consequences of an emergency. In a large and complex health emergency, a Regional Controller – Health may be appointed to establish control arrangements at the regional tier (see figure 5).

Figure 1: Victorian emergency management regions



5.1.3 Local (incident) health tier

Acknowledging that health emergencies can often be more widespread than a singular incident location (in comparison to a house fire or traffic accident for example), health emergency management refers to a 'local' tier in place of the incident tier.

The local tier is where the health emergency impacts health service delivery, such as a health service requiring evacuation, an accident with multiple casualties, or a municipality affected by drinking water contamination. Health services will appoint health service commanders to manage service level arrangements. The regional tier works directly with affected services at the local tier to support a coordinated emergency response.

As a Class 2 agency the department will activate control agency arrangements at the local level if multiagency coordination is required at an incident site or local tier. The department will activate Incident Control Centres (ICCs) at appropriate locations, this may include Class 1 ICC facilities or health service providers. (see figure 5).

If a local Incident Controller is required, the State Controller-Health will appoint an Incident Controller as appropriate from the Department of Health.

5.2 Health emergency response levels

The SEMP details Victorian incident response levels that provide a scalable model from Level 1 incidents managed at the incident tier to Level 3 incidents requiring high complexity responses with the regional and state tier activated. For further information see the SEMP <https://www.emv.vic.-gov.au/responsibilities/state-emergency-management-plan-semp>.

However, in the health emergency context the Victorian incident response levels do not necessarily equate to the level of impact on the health system. For example, a Level 2 bushfire might be impacting a remote area where there are no health services, but a Level 1 grassfire near an aged care centre might require the facility to be evacuated with external assistance.

Accordingly, the department does not activate its response based on the Victorian incident response level but instead activates its response based on triggers and thresholds linked to impacts on the health system, and/or, impacts on the health and wellbeing of Victorians. These are described in **Table 4: Health emergency response levels.**

This model recognises that health services are always actively providing care to communities and have the ability and capacity to respond to surges in demand, without it becoming a health emergency.

The health emergency response levels are therefore not whole of health levels, but instead show how the department as the control/support agency will escalate and de-escalate response arrangements.

The four response levels detailed in **Table 1** ensure the size of the health emergency response is determined by the impacts on the health system and the health and wellbeing of the community.

Table 1: Health emergency response levels

Response Level	Triggers and thresholds – Impacts on health system and health of Victorians	Examples of Control/Support Agency Actions
Level 1	No current impacts	• Monitoring and assessing threats and incidents that may impact the health system.
Level 2	Pressure on (or anticipated for) a small number of health services expected to be managed through local resources, though some surge may be required.	• Monitoring an impending or actual event. • Notifications and information flows relating to an impending or actual event. • Undertaking preparatory actions that may be required for escalation to level 3 and/or 4. • Supporting impacted health service/s. • Supporting an activated Incident Control Centre (ICC), Regional Control Centre (RCC) or State Control Centre (SCC). • Reverting to duty arrangements (per Level 1) overnight.
Level 3	Potential service delivery issues within a number of health care providers. Issues are not expected to be managed utilising local resources, and external (regional or state) assistance is required.	• Activated State Health Coordination Centre. • Response activities including (but not limited to): – Coordination of support to health services. – Multiagency engagement to support continuity of health service delivery. • Supporting an activated ICC, RCC or SCC. • Possible control arrangements established at the regional or incident tier. • Possible swing shift, reverting to duty arrangements (per Level 1) overnight.
Level 4	Significant impacts on the health system: • Health care providers are unable to respond with the resources available. • Health care delivery will be severely compromised if support from other agencies or health providers is not made available.	• Activated State Health Coordination Centre. • Response activities including: – Coordination of support to health services. – Multiagency engagement to support continuity of health service delivery. • Supporting an activated ICC, RCC or SCC. • Possible control arrangements established and regional and incident tiers. • Possible 24/7 activation with overnight shift.

5.3 Australasian Inter-service Incident Management System

All health emergencies are managed through the application of the Australasian Inter-service Incident Management System (AIIMS). AIIMS provides a uniform terminology and system for organising response activities that can be applied to any hazard. It has been adopted by response agencies in Victoria and enables effective interoperability in the multi-agency environment. AIIMS uses the following principles to manage incidents:

- Safety first
- Flexibility
- Management by objectives
- Functional management
- Span of control
- Unity of command.

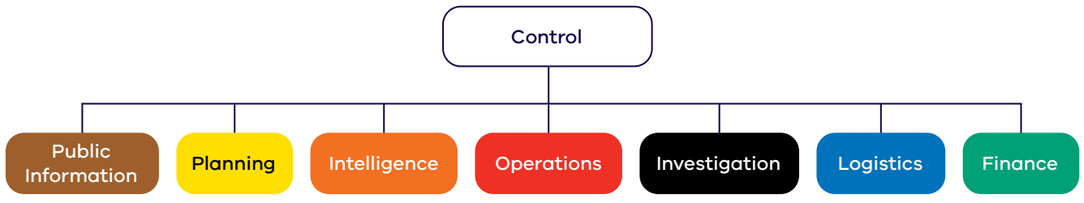
Multiple independent, but interconnected, AIIMS structures may be established to manage an emergency across the health emergency management tiers. Within the health sector, this could span from a hospital at the local tier running an AIIMS structure led by the Hospital Commander, to the activation of the State Health Coordination Centre at the state tier.

Where multiple AIIMS structures are established, it is critical that these structures operate in a coordinated manner, with clear lines of command/control and information flow. The following sections detail how this occurs in a health emergency.

5.3.1 AIIMS functions in a health emergency

AIIMS identifies eight functional areas, as depicted in **Figure 2**. Staff working across these functional areas work together to respond to and resolve the health emergency.

Figure 2: Australasian Inter-service Incident Management System structure



Commander/Controller

The oversight and management of all activities necessary for the resolution of a health emergency, within their span of control. This includes commanding/controlling the response, coordinating activities across the health and emergency management sectors, and engaging with organisational governance.

Public Information

Obtaining, assembling and preparing information in a manner suitable for dissemination to the community and broader health system. Issuing timely and accurate warnings and advice to the community, and liaison with the media and affected communities.

Planning

Responsible for the development of objectives, strategies and plans required to resolve the health emergency. The planning function determines the resources required to achieve objectives and will support the transition to recovery as response activities de-escalate.

Intelligence

The collection and analysis of information and data, which are recorded and disseminated as intelligence to support decision making and planning. The intelligence function includes a technical advice cell, which may include personnel from areas such as public health, Aboriginal health (within the department and the Community Controlled sector), hospital and health services, mental health, aged care, relief, recovery, and others as required to inform the health response.

Operations

The tasking and application of resources based on incident action planning to achieve the resolution of the health emergency. The operations function works across all health emergency management tiers and includes personnel from the department's functional areas such as hospital and health services, Aboriginal health, public health, aged care, ehealth and mental health, as required. The provision of relief to impacted communities is also supported by the operations function.

Investigation

Conducting investigations to determine the cause of health emergency and/or to determine the factors that contributed to the impact of the emergency.

The investigation function may be performed by operations function, unless the response is of large enough scale and complexity to warrant a standalone investigation function.

Logistics

The acquisition, provision and maintenance of human and physical resources, facilities, services and materials to support the achievement of the response objectives.

Finance

Managing the financial aspects of the response including:

- Providing advice regarding financial implications of plans for managing the response.
- Collection, collation and analysis of costs associated with the response.
- Maintaining records of personnel time.
- Procurement and management of contracts and equipment needs.
- Insurance and compensation for personnel, property and vehicles.

The finance function may be performed by the logistics function, unless the response is of large enough scale and complexity to warrant a standalone finance function. Furthermore, they may also support recovery funding proposals, as required.

5.4 Control agency arrangements

A control agency is nominated under the SEMP as primarily responsible for managing the response to a specified form of emergency. The control agency is responsible for establishing the management arrangements for an integrated response to the emergency.

The Department of Health is control agency for the following emergencies:

- incidents involving biological releases and radioactive materials
- food (including retail food) / drinking water contamination
- human disease - this can include pandemic, epidemic, and the rapid onset of mass illnesses (from any cause, that meets the definition of a health emergency).

The arrangements detailed in this section apply when the Department of Health is the Control Agency.

5.4.1 Control agency governance arrangements

Every health emergency has internal Department of Health governance arrangements, as well as external governance arrangements through the EMC. Governance arrangements allow for executive oversight and influence over the strategic direction of a response, however, governance does not manage the health response.

Where the Department of Health is the control agency, this responsibility sits with the State Controller – Health. **Figure 3** describes the governance structure for when the department is the control agency in a health emergency. **Table 2** outlines the roles and responsibilities of key functions in a health emergency response where the department is the control agency.

Figure 3: Health emergency governance structure – control agency

**This structure applies across Health Response Levels 2-4 and may be scaled up or down per AIIMS principles regarding span of control as required.*

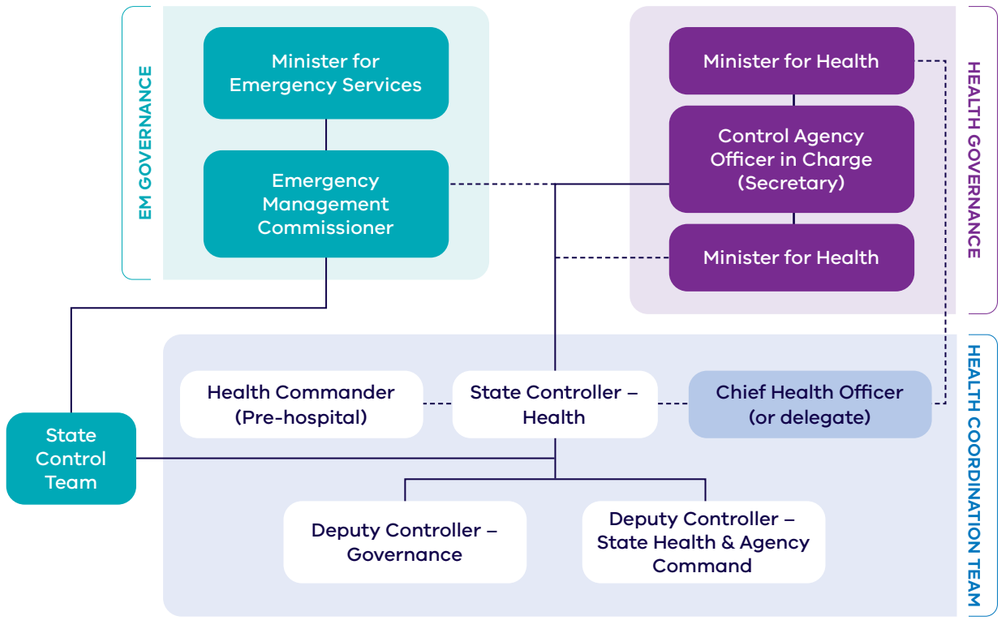


Table 2: Health emergency governance roles and responsibilities - control agency

Role	Responsibilities
Emergency Management Commissioner (EMC)	• Ensures control arrangements are in place for Class 1 and Class 2 emergencies. • Responsible for the coordination of agencies with Class 1 or Class 2 emergency response roles. • Responsible for coordinating recovery. • Ensures that the relevant Minister is provided with timely, up-to-date information in relation to actual or imminent emergencies.
State Control Team	• Implements the strategic context for response and for the integration of relief and recovery. • Supports control functions and responsibilities on behalf of the EMC for Class 1 and Class 2 emergencies. • Implements the strategic context of operational readiness for response to and, where appropriate, the integration of relief and recovery for a major emergency.
Control Agency Officer in Charge (CAOiC)	• Overall control of response activities for health emergencies. • Appoints the State Controller – Health for Class 2 health emergencies. • Performed by the Department of Health Secretary.
Department of Health Executive Board	• Acts as an oversight body. • Leverages collective expertise and authority to provide high-level strategic guidance. • Ensures the Department of Health responds effectively to minimise impacts on the health system and communities. • Supports the remobilisation of resources, including human and physical resources, facilities, services and materials.
State Health Coordination Team • State Controller – Health • Health Commander (Pre-hospital) • Chief Health Officer or delegate • Deputy Controller (as appointed)	• Coordinates the whole of health response to an emergency. • Ensures linkages between the Department of Health, public health and Ambulance Victoria. • See **Table 3 – section 5.4.2** for the roles and responsibilities of Health Coordination Team members.

5.4.2 Control agency health system coordination

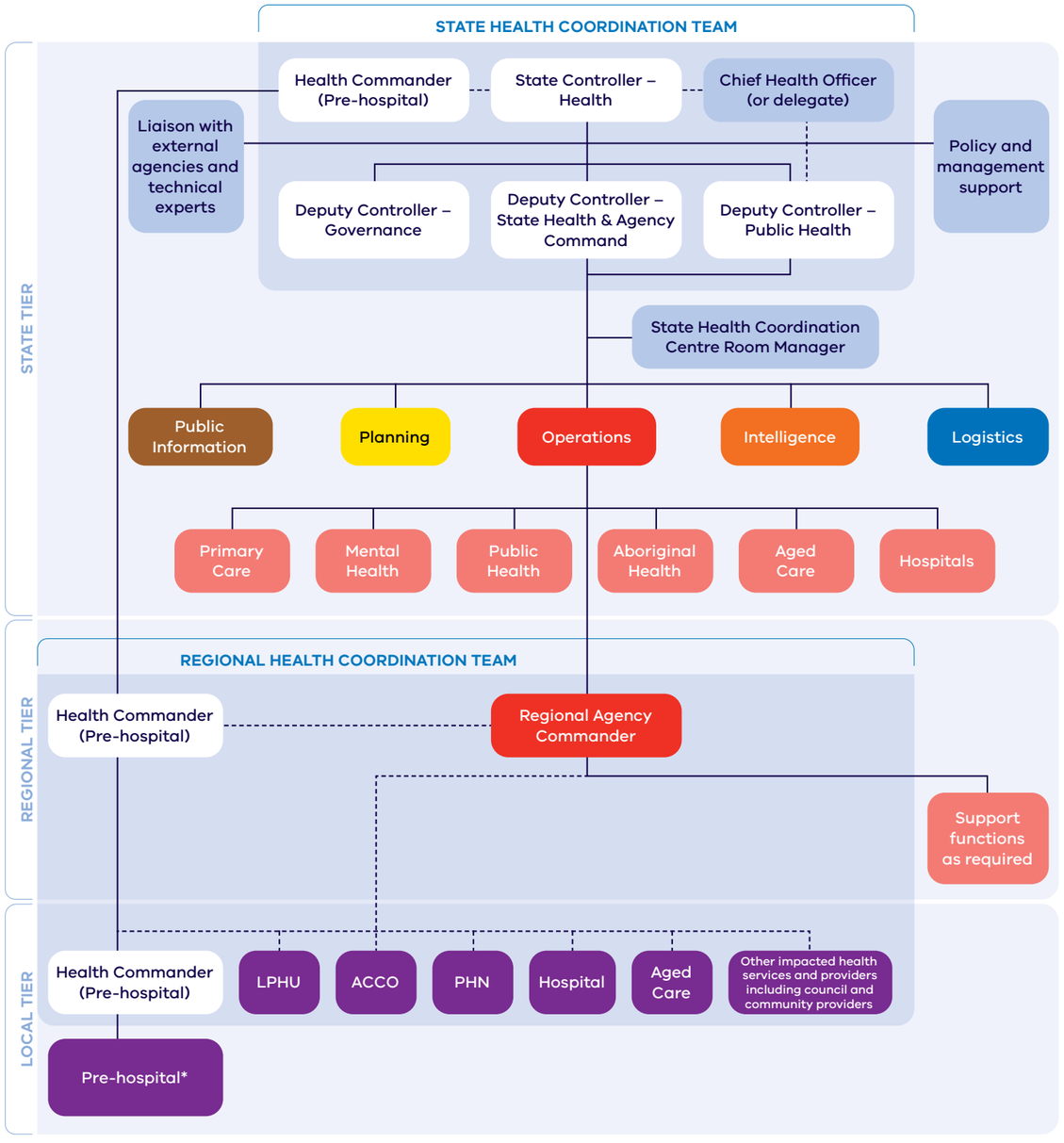
As the control agency in a health emergency the department will activate systems and structures to ensure a coordinated and integrated health sector response. These structures will be scaled depending on the impacts on the health system and are built around enabling the health system to support the health and wellbeing of Victorians.

Critical to this structure is the establishment of a Regional Health Coordination Team(s) that engages with and, if required, coordinates the activities of impacted, or potentially impacted, health services. This structure enables the escalation of issues through both the health and multi-agency environment, where support is required to ensure continuity of health services.

This local/regional structure is then supported at the state tier by the State Health Coordination Centre.

Figure 4: Control agency response structure

**This structure applies across Health Response Levels 2-4 and may be scaled up or down per AIIMS principles regarding span of control as required.*



**see pre-hospital command section 2.2.2*

Table 3: Control agency roles and responsibilities

Role	Responsibilities
State Controller – Health	• Responsible for planning and control of response activities for an anticipated or occurring Class 2 health emergency. • Works with the EM sector to manage risks and consequences, and to coordinate intelligence and information flows. • Issues warnings and information to the community in relation to the emergency. • Chairs the State Control Team • Liaises with and seeks advice from State Commander, Ambulance Victoria and the Chief Health Officer (or delegate). • Leads the Health Coordination Team. • Ensures an appropriate Deputy Controller – Governance and Deputy Controller – State Health & Agency Command are appointed. • May appoint other Deputy Controllers to lead identified response and early recovery activities to maintain appropriate span of control (e.g. Deputy Controller – Regional Operations, Deputy Controller – Public Health, Deputy Controller – Supply Chain, Deputy Controller – Recovery). • May establish control arrangements at the local and regional tiers if a complex and large-scale response is required.
Chief Health Officer (or delegate)	• Authority under the Public Health and Wellbeing Act for decisions on matters of public health. • 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. • Provide advice to the State Controller – Health where the emergency response requires public health expertise. • Issues health advisories and alerts. • Member of the State Control Team.
Health Commander (Pre-hospital)	• Reports to and provides situational awareness to the State Controller – Health during incidents that may have a broader impact on the health system. • 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 response assistance, spontaneous volunteers). • Member of the State Control Team.
Deputy Controller – Governance	• Reports to the State Controller – Health. • Ensures the Department of Health governance is well briefed and supported to undertake their functions.

Table 3: Control agency roles and responsibilities (continued)

Role	Responsibilities
Deputy Controller – State Health & Agency Command	• Reports to the State Controller – Health. • Activates and maintains appropriate response arrangements to resolve the health emergency. • Lead and coordinate the health system response including the Department of Health and health system. • Deploys the Department of Health personnel regionally as required. • Leads the Department of Health emergency response activities.
Deputy Controller – Public Health	• Reports to the State Controller – Health. • Leads the public health function activities of an emergency response. • Role is activated where there is a significant public health response required.
Technical Experts	• Technical experts may be appointed to support decision making and provide advice to the Controller, and broader response structure. This may include recovery coordination, clinical advisors, cultural advisors.
Policy and management support function	• Provides executive administrative support to State Controller – Health and Deputy Controllers. • Supports the State Controller and Deputy Controller – Governance to ensure governance are well briefed and advised from a strategic and reputational viewpoint. • Providing support with executive and ministerial engagement, including briefing and paper development including for the Security and Emergency Management Committee. • Identifies, escalates and mitigates where necessary political, reputational and stakeholder relations risks. • Provides secretariat support to Health Coordination Team (minutes, papers etc).
State Health Coordination Centre Room Manager	• Support the Deputy Controller – State Health & Agency Command during activations of the State Health Coordination Centre (SHCC). • Ensure smooth operation of the SHCC when activated. • Ensure the timely flow of information and intelligence to and from the SHCC functional sections and the Deputy Controller – State Health & Agency Command. • Ensure adequate subject matter expertise is available to inform the decisions and actions of the Deputy Controller – State Health & Agency Command.

Table 3: Control agency roles and responsibilities (continued)

Role	Responsibilities
Regional Agency Commander (RAC)	• Maintains appropriate response arrangements at the regional tier to resolve the health emergency. • Leads the Department of Health emergency response activities at the regional and local tiers. • Coordinates the health system response at the regional and local tiers. • Leads the Regional Health Coordination Team. • Reports to the operations function lead. In responses where multiple AIIMS functions are required at the regional tier, a regional Incident Management Team (IMT) may be established, and the RAC may report directly into the State Controller or appointed deputy.
Regional Health Coordination Team (RHCT)	• Coordinates the whole of health response to an emergency at the regional and local tiers. • Ensures linkages between Department of Health, Ambulance Victoria and the health system. • Members include Regional Agency Commander, Regional Health Commander (pre-hospital), local public health unit(s), primary health network, relevant hospital commanders and/or representatives of affected health services. • The Regional Agency Commander is the lead of the RHCT.

Control agency large and complex response structure

In a large and complex Class 2 health emergency, where the department is control agency, the State Controller – Health may determine that control arrangements are required at local and regional tiers in addition to the state tier, to effectively manage the emergency. In this situation, one or more Regional Controller – Health and Incident Controllers may be appointed as necessary.

In a Class 2 health emergency, the department will activate control agency arrangements at the local level if multiagency coordination is required at an incident site or local tier. The department will activate ICCs at appropriate locations, this may include Class 1 ICC facilities or health service providers (see figure 5).

Figure 5: Large and complex response structure

**This structure applies across Health Response Levels 2-4 and may be scaled up or down per AIIMS principles regarding span of control as required.*

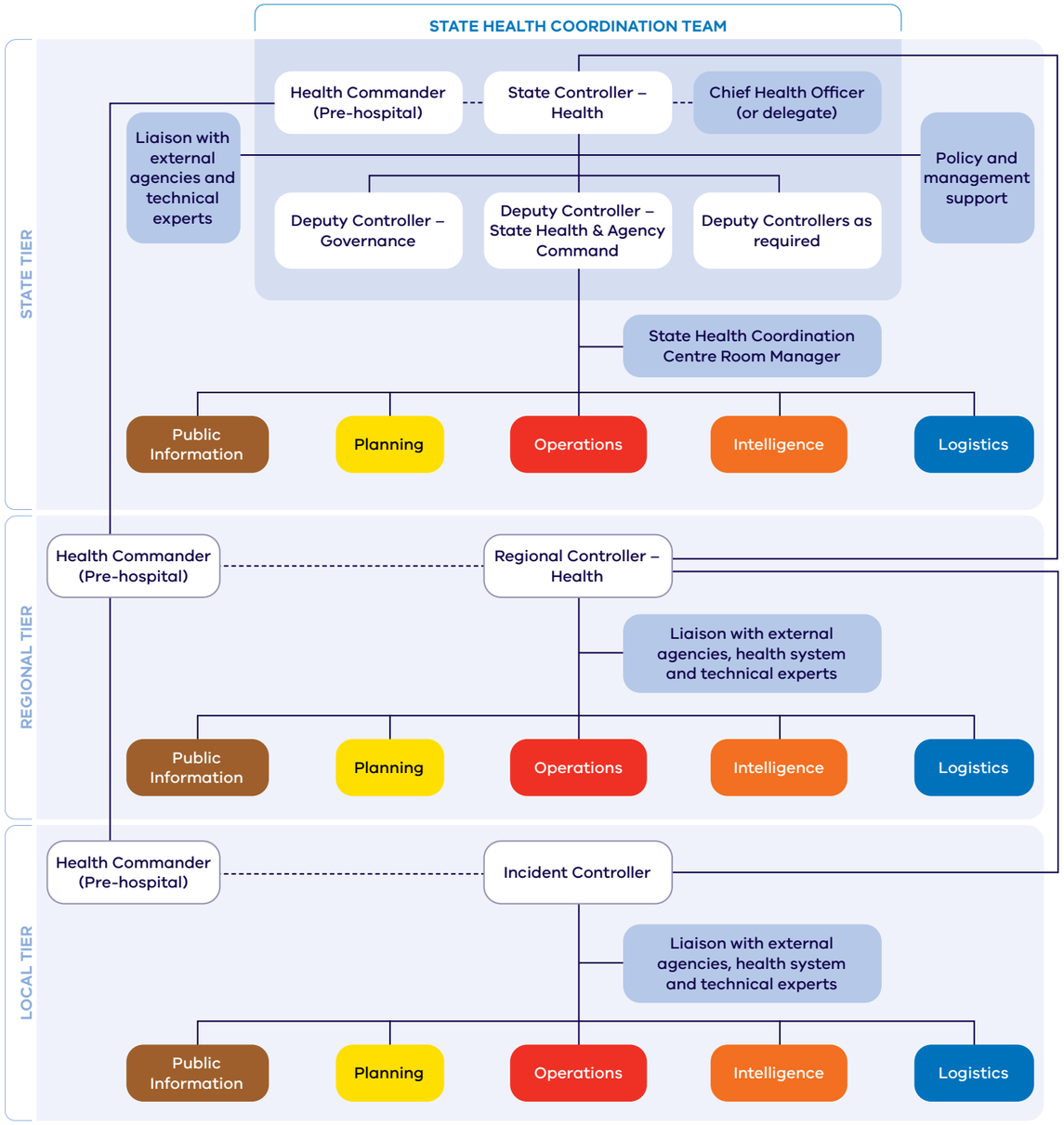


Table 4: Additional control agency roles and responsibilities (large and complex response structure)

Role	Responsibilities
Regional Controller – Health	• May be appointed by the State Controller – Health in large and complex Class 2 Health responses. • Leads the response at the regional tier. • Appoint Deputy Controllers as required. • Reports to the State Controller – Health or appointed deputy.
Incident Controller	• May be appointed by the State Controller – Health in large and complex Class 2 Health responses. • Manages response at the local/incident tier. • Appoint Deputy Controllers as required. • Reports to the Regional Controller – Health (if activated).

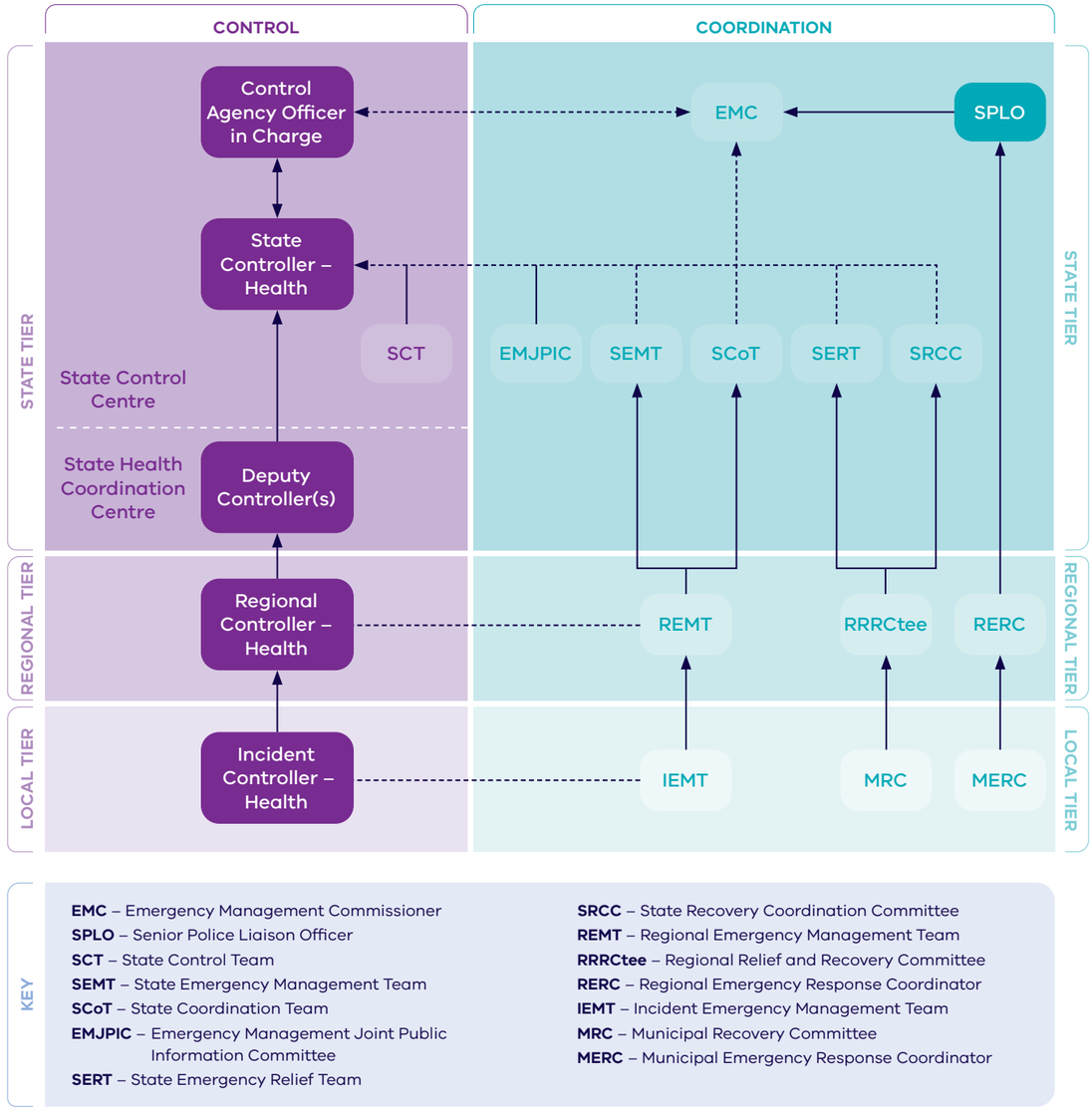
State Control Centre

The SEMP provides a framework where in a Class 2 emergency, the State Control Centre and its supporting structures can be activated to support the response (See SEMP p20 https://www.emv.vic.gov.au/responsibilities/state-emergency-management-plan-semp>). Activation of this framework ensures coordination across all responding agencies and organisations from hazard management to consequence management, relief and recovery. All or parts of this structure may be established to support the response as required.

This structure and its links to the health line of control is detailed in **Figure 6** below.

Where the State Control Centre and the State Health Coordination Centre are both operational to manage the emergency, the State Controller – Health maintains control at both locations.

Figure 6: State Controller – Health connection to SCC and SHCC



5.5 Support agency arrangements

Lead Response Support Agencies (support agency) fulfill key functional support areas during the response to an emergency, as well as for relief and recovery.

In a health emergency where the department is acting as a support agency, the department will lead and coordinate the whole of health system response to emergencies at a regional and state level.

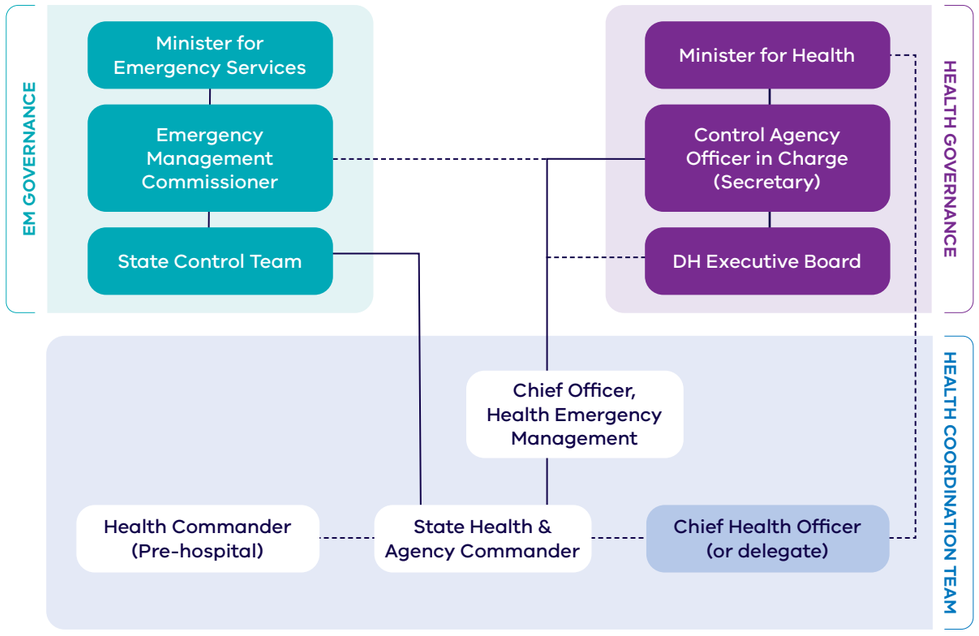
5.5.1 Support agency governance arrangements

Every health emergency has internal departmental governance arrangements, as well as external governance arrangements through the EMC. Governance arrangements allow for executive oversight and influence over the strategic direction of a response, however, governance does not manage the health response.

Where the department is a Support Agency this responsibility sits with the Chief Officer, Health Emergency Management. **Figure 7** describes these governance arrangements in a health emergency while **Table 5** details the roles and responsibilities of the arrangements.

Figure 7: Health emergency governance structure – support agency (Class 1 and 2)

**This structure applies across Health Response Levels 2-4 and may be scaled up or down per AIIMS principles regarding span of control as required.*



During a class 3 emergency the support agency arrangements detailed above apply, however, the State Health & Agency Commander would be reporting through the State Control Team to the Chief Commissioner of Police rather than the EMC.

Table 5: Health emergency governance roles and responsibilities – support agency

Role	Responsibilities
Emergency Management Commissioner (EMC)	• Ensures control arrangements are in place for Class 1 and Class 2 emergencies. • Responsible for the coordination of agencies with Class 1 or Class 2 emergency response roles. • Responsible for coordinating recovery. • Ensures that the relevant Minister is provided with timely, up-to-date information in relation to actual or imminent emergencies.
State Control Team	• Implements the strategic context for response and for the integration of relief and recovery. • Supports control functions and responsibilities on behalf of the EMC for Class 1 and Class 2 emergencies. • Implements the strategic context of operational readiness for, response to and where appropriate the integration of relief and recovery for a major emergency.
Control Agency Officer in Charge (CAOiC)	• Overall control of response activities for health emergencies. • Appoints the State Controller – Health for Class 2 health emergencies. • Performed by the Department of Health Secretary.
Department of Health Executive Board	• Acts as an oversight body. • Leverages collective expertise and authority to provide high-level strategic guidance. • Ensures Department of Health responds effectively to minimise impacts on the health system and communities. • Supports the remobilisation of resources, including human and physical resources, facilities, services and materials.
Chief Commissioner of Police *in Class 3 Emergencies	• Responsible for response control and coordination of Class 3 emergencies.

Table 5: Health emergency governance roles and responsibilities – support agency (continued)

Role	Responsibilities
Chief Officer, Health Emergency Management (COHEM)	• Ensures an appropriate State Health & Agency Commander is appointed to lead the Department of Health response. • Ensures the Department of Health governance is well briefed at a strategic level. • Where appropriate and health response level dependent, Leads the Health Coordination Team. • Attends State Control Team as required to support the Control agency and enable governance arrangements.
Health Coordination Team • State Health & Agency Commander • Health Commander (pre-hospital) • Chief Health Officer or delegate • Deputy Commander (as appointed)	• Coordinates the whole of health response to an emergency. • Ensures linkages between Department of Health and Ambulance Victoria. • See **section 5.5.3 Table 6** for the roles and responsibilities of Health Coordination Team members.

5.5.3 Support agency health system coordination

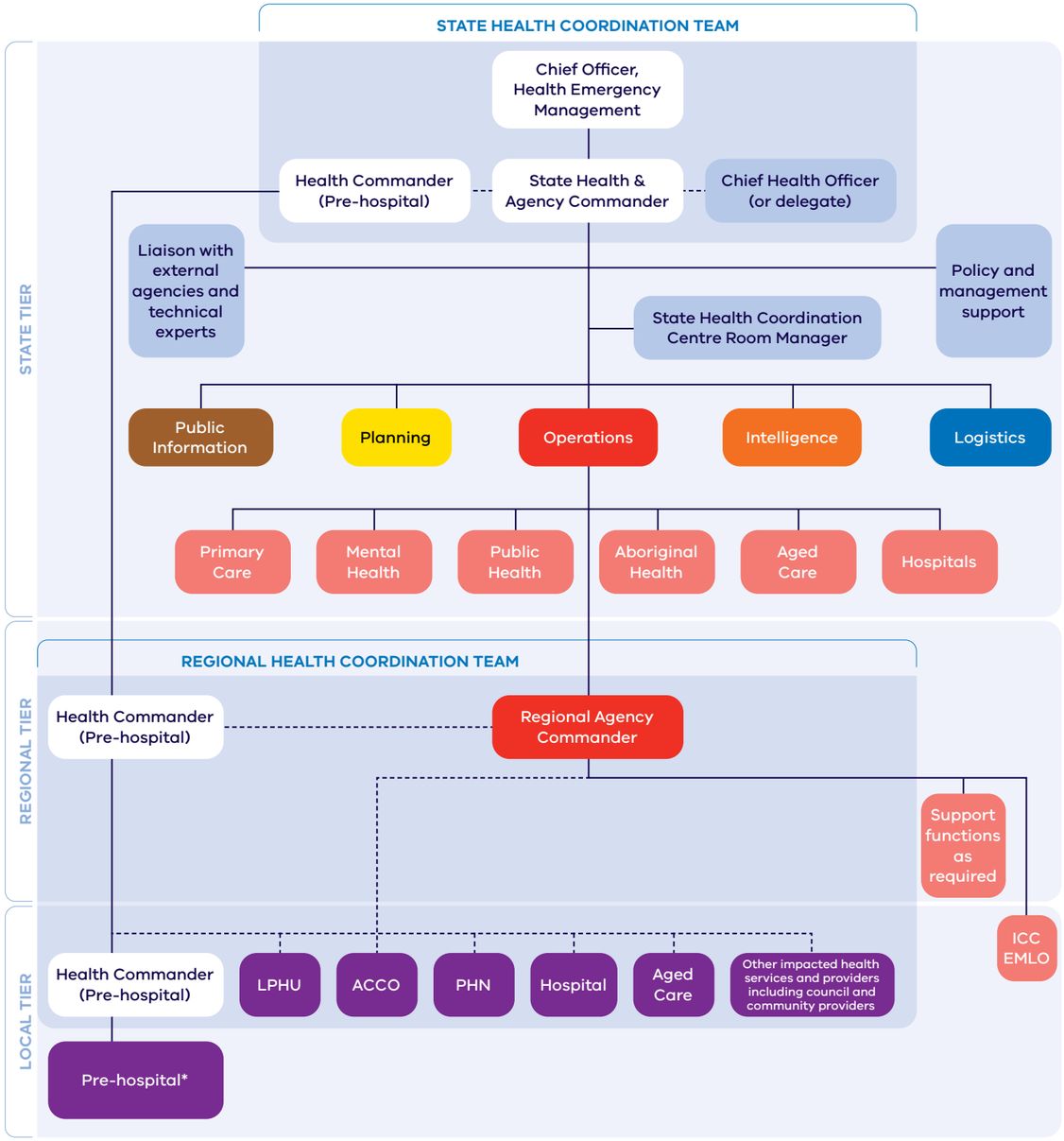
In a health emergency, where the Department of Health is a support agency, it will activate systems and structures to ensure a coordinated and integrated health sector response. These structures will scale depending on the impacts on the health system and are built around enabling the health system to support the health and wellbeing of Victorians.

Critical to this structure is the establishment of a Regional Health Coordination Team(s) that engages with and, if required, coordinates the activities of impacted or potentially impacted health care providers. This structure enables escalation of issues through both the health and multi-agency environment, where support is required to ensure continuity of health care services.

This local/regional structure is then supported at the state tier by the State Health Coordination Centre.

Figure 8: Support agency response structure

**This structure applies across Health Response Levels 2-4 and may be scaled up or down per AIIMS principles regarding span of control as required.*



*see pre-hospital command section 2.2.2

Table 6: Support agency roles and responsibilities

Role	Responsibilities
Chief Officer, Health Emergency Management (COHEM)	• Ensures an appropriate State Health & Agency Commander is appointed to lead the Department of Health response. • Ensures the Department of Health governance is well briefed at a strategic level. This includes the provision of information, advice and support to the Minister of Health, Secretary of Health and key committees including the Security and Emergency Management Committee. • Where appropriate and health response level dependent, Leads the Health Coordination Team. • Attends State Control Team as required to support the Control agency and enable governance arrangements.
State Health & Agency Commander	• Reports to Chief Officer, Health Emergency Management. • Responsible for planning and coordination of the Department of Health emergency response activities across the health system. • Engages with the State Control Team as required to support the Control agency and enable the multiagency response • Activates, leads and maintains appropriate response arrangements (in consultation with the Chief Officer, Health Emergency Management) to resolve the health emergency. • Deploys the Department of Health personnel regionally as required. • Liaises with and seeks advice from Health Commander (Pre-hospital) and the Chief Health Officer (or delegate). • May appoint a Deputy Commander to lead identified response and recovery activities to maintain appropriate span of control (for example, Deputy Commander Public Health, Deputy Commander Regions, Deputy Controller Recovery). • Attends State Control Team as required to support the Control agency and enable the multiagency response.
Health Commander (Pre-hospital)	• Reports to and provides situational awareness to the State Health & Agency Commander during incidents that may have a broader impact on the health system • 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 response assistance, spontaneous volunteers). • Attends State Control Team as required to support the Control agency and enable the multiagency response.

Table 6: Support agency roles and responsibilities (continued)

Role	Responsibilities
Chief Health Officer or delegate	• Authority under the Public Health and Wellbeing Act for decisions on matters of public health. • 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. • Provide advice to the State Health & Agency Commander and Chief Officer, Health Emergency Management where the emergency response requires public health expertise.
Technical Experts	• Technical experts may be appointed to support decision making and provide advice to the State Health & Agency Commander, and broader response structure. This may include recovery coordination, clinical advisors, cultural advisors
Policy and management support function	• Provides executive administrative support to Chief Officer, Health Emergency Management. • Supports the State Health & Agency Commander and Chief Officer, Health Emergency Management to ensure governance are well briefed and advised from a strategic and reputational viewpoint. • Providing support with executive and ministerial engagement, briefing and paper development, including for the Security and Emergency Management Committee. • Identifies, escalates and mitigates where necessary political, reputational and stakeholder relations risks. • Provides secretariat support to Health Coordination Team (minutes, papers etc).
State Health Coordination Centre Room Manager	• Support the State Health & Agency Commander during activations of the State Health Coordination Centre (SHCC). • Ensure smooth operation of the SHCC when activated. • Ensure the timely flow of information and intelligence to and from the SHCC functional sections and the State Health & Agency Commander. • Ensure adequate subject matter expertise is available to inform the decisions and actions of the State Health & Agency Commander.

Table 6: Support agency roles and responsibilities (continued)

Role	Responsibilities
Regional Agency Commander (RAC)	• Maintains appropriate response arrangements at the regional tier to resolve the health emergency. • Leads the Department of Health emergency response activities at the regional and local tiers. • Coordinates the health system response at the regional and local tiers. • Leads the Regional Health Coordination Team. • Reports to the operations function lead. In responses where multiple AIIMS functions are required at the regional tier, a regional Incident Management Team may be established and the RAC may report directly into the SAC or appointed deputy.
Regional Health Coordination Team (RHCT)	• Coordinates the whole of health response to an emergency at the regional and local tiers • Ensures linkages between the Department of Health, Ambulance Victoria and the health system. • Members include Regional Agency Commander, Health Commander (Pre-hospital), local public health unit(s), primary health network, relevant hospital commanders and/or representatives of affected health services. • The Regional Agency Commander is the lead of the RHCT.
Health Emergency Management Liaison Officer (EMLO)	• May be deployed to the State Control Centre or a Regional or Incident Control Centre, as required. • SCC EMLO reports to Operations Function Lead. • ICC EMLO reports to Regional Agency Commander.

5.6 Public Information

In Victoria, the Victorian Warning System is used by control agencies to issue information and warnings for emergencies. Warnings and public information are published on the Vic Emergency platform as the central source of truth for all hazards across Victoria. This approach ensures that regardless of the emergency type, communities will receive authoritative, consistently constructed, timely and appropriate information and warnings.

For more information see the Victorian Warning Arrangements on EMV's website <https://www.emv.vic.gov.au/responsibilities/victorias-warning-system/victorian-warning-arrangements>.

In an emergency the Victorian Warning System will be supplemented and supported by public information from relevant agencies, this may include media releases, media conferences, community meetings, social media messaging and TV and Radio messaging. In an emergency this will be coordinated by the Emergency Management Joint Public Information Committee.

5.6.1 Community warnings

In Class 2 health emergencies, the Chief Health Officer holds responsibility for issuing the following community warnings:

- human disease
- food or drinking water contamination
- biological or radioactive leaks and spills.

The State Controller – Health holds responsibility for issuing community warnings for Epidemic Thunderstorm Asthma.

As the control agency, the Department of Health will work closely with the State Control Centre and supporting agencies, councils and departments to ensure consistent and coordinated information.

Where the department is a support agency for an emergency impacting the health and wellbeing of Victorians, the department will liaise with the State Control Centre and/or regional and incident control centres as necessary to provide real-time key health messages and public information, warnings and advice.

5.6.2 Community meetings

It is important to engage with communities so that they feel supported and informed during an emergency. Community meetings facilitate two-way conversations and information sharing.

As the control agency, the department will facilitate community meetings as required. Meetings should be led by people with local knowledge and who are trusted by their community. Outcomes from community meetings will be communicated across the state, regional and local tiers, as well as to support agencies. The department will coordinate attendance of key health services where required and appropriate.

As the support agency, the department will attend community meetings where key health messaging, information and advice is required. The department will coordinate attendance of key health services where required and appropriate.

As with all public communications during an emergency it is critical that all community meetings consider the needs of all Victorian communities and those impacted, this includes the needs of Aboriginal Communities, CALD communities, those living with disabilities, the elderly, children and Young People, tourists and visitors.

5.7 Health system notifications

Appropriate and timely two-way communications between the department, Ambulance Victoria, LPHUs, hospitals, primary healthcare providers and the broader health system is integral to an effective health emergency response.

Notifications can provide an early indication that a health emergency is emerging, imminent or occurring. The department receives notifications from several sources to inform situational awareness and timely decision making regarding the arrangements required to support the health system to respond to an emergency.

The department sends notifications to the health system leading up to and during emergency response activations. The department's emergency management notifications are an easily understood system of high-priority communications that alert health services to any imminent or occurring incident that may present a substantial risk to the health and wellbeing of Victorian communities.

Upon receiving notification from the department, recipients need to consider what, if any, impact the incident will have on their operations and respond as required. All health services operating within these arrangements are required to have:

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

5.8 Consequence management

The Emergency Management Act defines consequence management as the coordination of agencies, including agencies that engage the skills and services of non-government organisations, which are responsible for managing or regulating services or infrastructure which is, or may be, affected by a major emergency.

In Victoria, the EMC is responsible for consequence management for major emergencies, supported by control and support agencies through the State Emergency Management Team. Additional support may be provided by the Critical Infrastructure Resilience Sectors Forum. Further detail is provided in the SEMP <https://www.emv.vic.gov.au/responsibilities/state-emergency-management-plan-semp>.

Consequence management supports strategic decision making before, during and after a major emergency, and particularly supports longer-term decision making following an emergency. It informs and works in conjunction with response, relief and recovery activities.

The consequences of a health emergency can vary greatly depending on factors such as the extent of the emergency, the scale and impacts on human health and critical health infrastructure and the likelihood to which the emergency can be controlled, reduced or contained. Health emergencies may have significant consequences not just for the health system and the health and wellbeing of Victorians, but also for the economy, domestic and international markets, and social impacts to individuals and communities.

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.

5.9 Deployable capability

In Victoria, health deployable capabilities are available to respond to emergencies, where required. This includes state and federal level support.

These capabilities include the following:

- **Victorian Medical Assistance Team (VMAT)** is a state-level asset coordinated by the Department of Health and works closely with Ambulance Victoria. VMAT is a team of experienced doctors and nurses deployed from a nominated health service to provide assessment and treatment of casualties at an incident site. Further detail is available in the Victorian Medical Assistance Team Policy <https://www.health.vic.gov.au/publications/victorian-medical-assistance-team-policy>.
- **Field Emergency Medical Officers (FEMO)** provide state-level services coordinated by the Department of Health and work closely with Ambulance Victoria. A FEMO deployed by the Department of Health assists in coordinating health resources and providing support and advice to field personnel during any disaster.
- **Australian Medical Assistance Team (AUSMAT)** is a multidisciplinary Australian Government healthcare team deployed nationally or internationally during disasters at the request of affected governments. AUSMAT can integrate with Victoria's system during large-scale emergencies to support the Victorian health care system. These teams are trained through the National Critical Care and Trauma Response Centre <https://nationaltraumacentre.gov.au/ausmat/>.

5.10 Relief

Emergency relief involves the provision of essential needs to individuals, families and communities during and in the immediate aftermath of an emergency. Relief needs are complex and will be specific to each emergency.

Relief activities should:

- Begin as soon as necessary or practical 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.

Relief activities in Victoria are coordinated and managed under established arrangements at each tier, as identified in the SEMP. At the state and regional tiers, Emergency Recovery Victoria is responsible for relief coordination. Local councils are responsible for municipal relief coordination.

The SEMP provides detailed Relief Lead Agency (RelLA) and Relief Support Agency responsibilities for agencies. At the relief activity level, the department is a Relief Lead Agency (RelLA) for:

- providing relief information to assist communities to make informed decisions about their safety (when control agency)
- developing and providing key health messages and advice
- coordinating health, wellbeing and medical relief assistance measures.

Ambulance Victoria is the RelLA for coordinating pre-hospital care to people affected by emergencies.

5.11 Early recovery

Coordination of early recovery activities during response will occur through a number of mechanisms including (but not limited to) the State Emergency Relief Team (SERT), State Recovery Coordination Committee (SRCC) and Regional Relief and Recovery Committees. Health agencies will attend and participate in these forums at the local, regional and state level as required.

In addition, the State Health Coordination Centre will embed recovery roles throughout the response structure to enable the delivery of early recovery activities. Depending on recovery needs, this may include a Deputy Controller – Recovery, technical experts supporting decision making and providing advice to the State Controller-Health or State Health & Agency Commander or recovery-focused specialists embedded in AIIMS functions.

5.12 De-escalation

During response, the State Controller-Health/State Health & Agency Commander will continually evaluate the impacts on the health system and the resources required to resolve a health emergency. As impacts on the health system lessen, the response can de-escalate as per the department's emergency response levels. The de-escalation can be staged down through the levels as required (e.g. the response de-escalates from Level 3 to Level 2 for a time, before dropping again to Level 1).

The health response will be 'stood down' once all activities across the state, regional and local tiers can be transitioned into business-as-usual work arrangements and the State Health Coordination Centre has reverted to Level 1. The transition to recovery will occur during the de-escalation process, with long-term recovery activities continuing after the response has dropped to Level 1 (see **6.2** for further detail).

As soon as is practical after the response is stood down, an After-Action Review (AAR) will be conducted with personnel involved in the health response, across all state, regional and local tiers. AARs provide a forum for ideas to be shared and to identify practices that should be maintained, along with opportunities for further improvement. Any findings, recommendations or observations resulting from an AAR will feed into the department's lessons management process (see **section 7.1**).

6 Recovery

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

Victoria's recovery arrangements are guided by the National Principles for Disaster Recovery <https://knowledge.aidr.org.au/resources/nationalprinciples-for-disaster-recovery> which can be adapted to meet the needs of the people and communities affected. The principles include:

- understand the context
- recognise complexity
- use community-led approaches
- coordinate all activities approaches
- communicate effectively
- recognise and build capacity.

In addition, when applying these principles, recovery should be: tailored: community-driven and scalable; foster and deliver trusted communication; and, consider social impact and building resilience for future emergencies.

6.1 Department of Health recovery responsibilities

Recovery activities in Victoria are coordinated and managed under established arrangements at each tier, as identified in the SEMP. At the state and regional tiers, Emergency Recovery Victoria is responsible for recovery coordination. Local councils are responsible for municipal recovery coordination.

Recovery activities are delivered under the SEMP across four recovery environments: social, economic, built and natural, with each environment considering Aboriginal culture and healing.

At the recovery activity level, Recovery Coordinating Agencies (RecCA) are responsible for overseeing the delivery of recovery services by Recovery Lead Agencies (RecLAs) and Recovery Support Agencies (RecSAs).

Under the SEMP, the department is the RecCA for health and medical assistance.

The department is the RecLA responsible for:

- Developing and providing public health (health protection) advice to councils, other agencies and the community on a range of topics including safe drinking water safe food, adequate washing/toilet facilities and communicable disease outbreaks.
- Providing public health advice on accommodation standards for interim accommodation of displaced people, when requested by councils.
- Providing and promoting mental health support services and information.
- Support for the bereaved (non-coronial).
- Providing and promoting advice on wellbeing in recovery.
- Supporting community access to appropriate health services through the department funded health care services and other primary, community and acute health services.

The department is the RecSA for Victorian Institute of Forensic Medicine in their support for the bereaved (coronial) and Coroners Court of Victoria to promote mental health information and services available to support bereaved families.

6.2 Transition to recovery

The transition from response to recovery may not always be a clearly defined step and will often occur in phases. During a large scale campaign response, some areas may transition to recovery while response operations continue in other areas.

To support this transition, a Department of Health Recovery Coordination Team may be established, operating independently of the State Health Coordination Centre.

Leading into this phase, the State Controller-Health or State Health & Agency Commander will ensure that appropriate recovery transition planning is in place, and that plans are developed collaboratively with recovery coordination personnel and relevant external recovery agencies or committees as required.

Recovery transition planning will consider:

- recovery governance requirements
- how the community will receive continuous services during the transition, including public information
- appropriate, agreed and proposed resources prior to and post transition
- timing and phasing of the transition
- activities required and who is responsible
- the seamless transition of information, impact data and consequence planning
- continuity of relief activities into the recovery phase, if required.

7 Evaluation and continuous improvement

7.1 Exercising and evaluation

The department will exercise the HESP, or key components, every 12 months. Exercises will be evaluated and where immediate improvements to the emergency management arrangements are required, the plan will be amended and a revised version issued.

After the cessation of a Class 2 health emergency, the department as the control agency will facilitate an operational debrief with participating agencies in accordance with EMV guidelines. All agencies will be represented with a view to evaluating the effectiveness of the response and recommending any changes to improve future health emergency responses.

7.2 Lessons management

Lessons management involves collecting, analysing, disseminating and applying learnings from exercises, evaluations, debriefs and reviews before, during and after emergencies.

Emergency Management Victoria's Lessons Management Framework (EM-LEARN) supports the development of a culture of continuous improvement in the Victorian emergency management sector. It outlines a model for lessons management and the process of moving from identifying lessons to learning lessons through the Lessons Management Life Cycle.

In accordance with EM-LEARN, the department will collect observations through exercises, real-time monitoring and evaluation, operational debriefing, operational reviews and directly through online observation capture tools. The department is implementing a Lessons Management and Continuous Improvement Framework that will provide guidance and operational direction to ensure that identified lessons are learnt, and operational response improves as a result.

7.3 Review

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

The department will review and update this plan every three years in accordance with the Emergency Management Act, or more frequently, as required.

Appendix A: Key Supporting Information

The tables below provide relevant state, national and international 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/C2004A03952/latest/text
National Health Security Act 2007	https://www.legislation.gov.au/C2007A00174/latest/text
Biosecurity Act 2015	https://www.legislation.gov.au/C2015A00061/latest/text

State

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 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

State (continued)

Resource	URL
Mental Health and Wellbeing Act 2022	https://www.legislation.vic.gov.au/as-made/acts/mental-health-and-wellbeing-act-2022
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
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
Charter of Human Rights and Responsibilities 2006	https://www.legislation.vic.gov.au/in-force/acts/charter-human-rights-and-responsibilities-act-2006/015

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

National (continued)

Resource	URL
National Emergency Management Agency (NEMA)	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
SEMP Sub-Plans	https://www.emv.vic.gov.au/responsibilities/state-emergency-management-plan-sub-plans
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

State (continued)

Resource	URL
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/publications/emergency-risks-in-victoria
Victoria's critical infrastructure all sectors resilience report	https://www.emv.vic.gov.au/publications/victoriascritical-infrastructure-all-sectors-resilience-report-2024
Victorian emergency operations handbook	https://www.emv.vic.gov.au/publications/victorian-emergency-operations-handbook
Victorian Preparedness Framework	https://files-em.em.vic.gov.au/public/EMV-web/VictorianPreparednessFrameworkMay2018.pdf

Appendix B: Glossary

Epidemic	Spread of a disease above what is normally expected in a certain area but is contained to a region or community.
Health emergency	A health emergency is an emerging 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 an effective response to and recover from the emergency.
Human disease	This can include pandemic, epidemic, and the rapid onset of mass illnesses (from any cause, that meets the definition of a health emergency).
Health response	The significant and coordinated management of pre-hospital and hospital response to a health emergency.
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.
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.
Mass casualty situation	An emergency involving such number and severity of casualties for which normal local resources for response may be inadequate.
Pandemic	An epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people.
Pre-Hospital	A functional component of health emergency response, from response at the scene of an incident, to the receiving hospital or other healthcare facility.
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.
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.

Appendix C: Abbreviations

Abbreviation	Description
AIIMS	Australasian Inter-Service Incident Management Systems
ACCHO	Aboriginal Community Controlled Health Organisations
AUSMAT	Australian Medical Assistance Team
CALD	Culturally and Linguistically Diverse
CAOiC	Control Agency Officer in Charge
CHO	Chief Health Officer
COHEM	Chief Officer, Health Emergency Management
Emergency Management Act	*Emergency Management Act 2013* (Vic)
EMC	Emergency Management Commissioner
EMJPIC	Emergency Management Joint Public Information Committee
EM-LEARN	Emergency Management Victoria's Lessons Management Framework
EMLO	Emergency Management Liaison Officer
EMV	Emergency Management Victoria
FEMO	Field Emergency Medical Officers

Abbreviation	Description
HAZMAT	Hazardous Materials
HESP	State Emergency Management Plan Health Emergencies Sub-Plan
IC	Incident Controller
IEMT	Incident Emergency Management Team
IMT	Incident Management Team
LPHU	Local Public Health Unit
MERC	Municipal Emergency Response Coordinator
MRC	Municipal Recovery Committee
RecLA	Recovery Lead Agency
RecSA	Recovery Support Agency
REMPC	Regional Emergency Management Planning Committee
REMT	Regional Emergency Management Team
RERC	Regional Emergency Response Coordinator
RRRCtee	Regional Relief and Recovery Committee
RSA	Response Support Agency
SCRC	State Crisis and Resilience Council

Abbreviation	Description
SCT	State Control Team
SCoT	State Coordination Team
SEMC	State Emergency Management Centre
SEMP	State Emergency Management Plan
SEMT	State Emergency Management Team
SERT	State Emergency Relief Team
SPLO	Senior Police Liason Officer
SRCC	State Recovery Coordination Centre
VPF	Victorian Preparedness Framework
VMAT	Victorian Medical Assistance Team
WHO	World Health Organisation