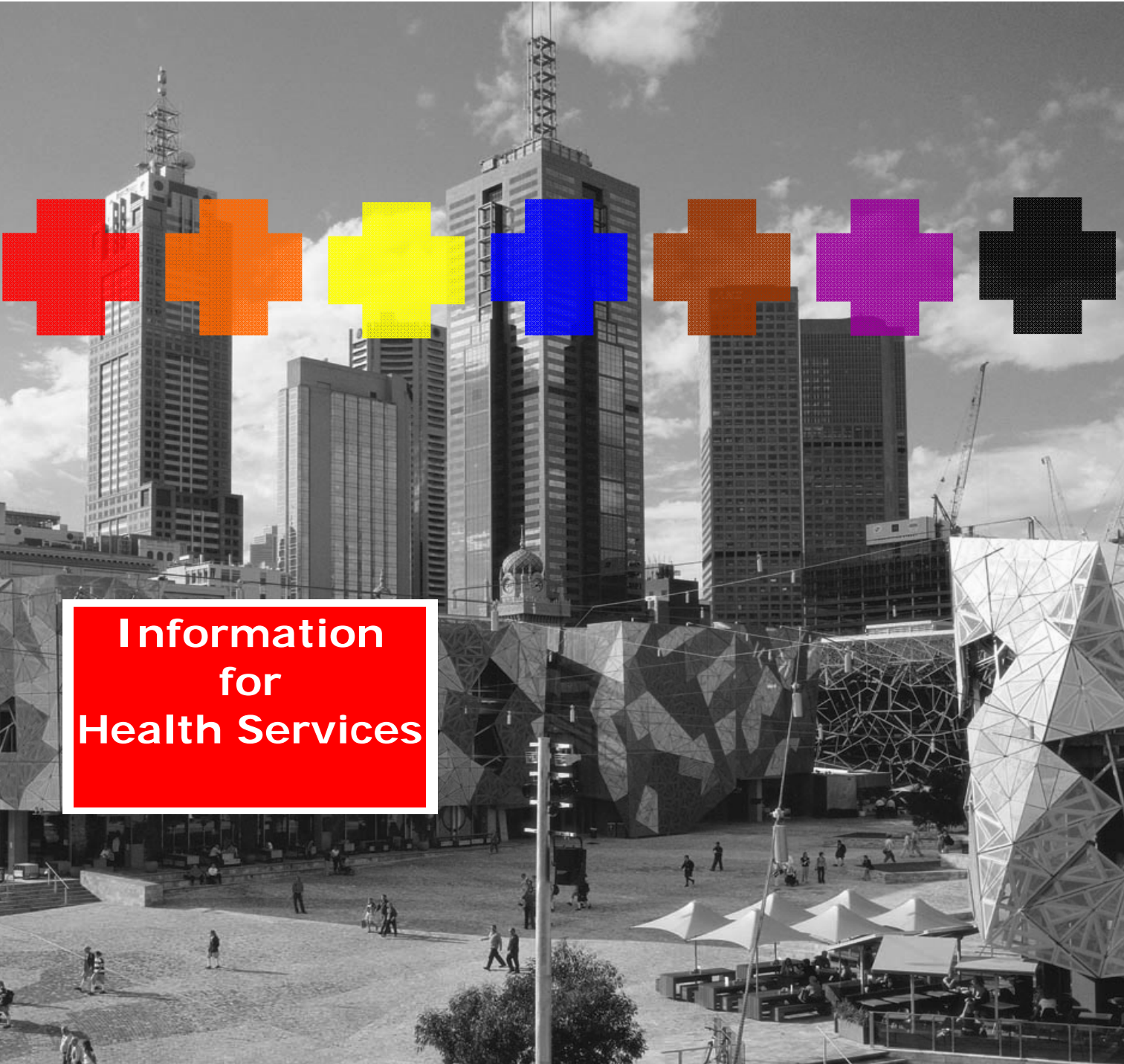


Victorian Health Emergency Coordination



**Information
for
Health Services**

Abbreviations, Acronyms and Glossary

ADF	Australian Defence Force
AMP	Access & Metropolitan Performance
ECC	Emergency Coordination Centre
EMA	Emergency Management Australia
EOC	Emergency Operations Centre
ICS	Incident Control System
ICU	Intensive Care Unit
NEMCC	National Emergency Management Coordination Centre
SQB	Statewide Quality Branch
VHEC	Victorian Health Emergency Coordination

Document Review Amendment – history of:

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1.0	15 Jan 2008	Initial draft
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Emergency Management Guidelines

Victorian Health Emergency Coordination

Background

The Victorian Health Emergency Coordination role (formerly known as Health Services Support Centre) was established in 2005 when there was a restructure of the Department Human Services (the department) emergency management model.

Under the *Health Services Act*, the department is responsible for the provision of health and medical services to the Victorian community. This requires the coordination and preparation of a range of services, provided by a number of agencies and organisations. The provisions of the health act also apply in the event of an incident with major public health consequences.

The Secretary, as the delegate under the *Health Services Act*, has the authority to direct health services. This delegation is also vested in the Executive Director, Rural and Regional Health and Aged Care, to perform when necessary, the function of the Victorian Health Emergency Coordination.

Victorian Health Emergency Coordination

Most emergencies that impact upon hospitals are local to that hospital/health service, and can be dealt with in an effective and efficient way. Some emergencies require a broader level of coordination which may necessitate the involvement of the department. An example of this could be a hospital internal emergency where a number of patients may need to be evacuated to other health services.

The Victorian Health Emergency Coordination (VHEC) is a function of the department and has a strategic role in the coordination, leadership and appropriate support, from response to recovery, for Victorian health services in the management of significant incidents. They will have an overview of all major incidents and when necessary, will ensure arrangements are made for a well coordinated response.

VHEC does not have a procurement role for resource requirements as there is an expectation that all health services have contingencies/business continuity plans for essential services/resources. Should a state-wide shortage of resources eventuate, VHEC can initiate the process for Commonwealth assistance.

The VHEC function is on standby at all times and can be activated at short notice in response to an emergency incident, at a scale that is relevant and will:

1. Analyse the scope, status and likely impact of the emergency incident on the Victorian hospital system.

2. Communicate with, and share intelligence amongst key stakeholders including health services, ambulance services in Victoria, the department's regional and central offices and the Minister for Health.
3. Act as a central hub for information on the availability of resources and facilitate the appropriate allocation of these when required/where possible
4. Take a command role when an incident is of such proportion that it will, or threatens to; overwhelm the Victorian health services.

Communications

It is essential that there is good communication between VHEC and the health services in order to ensure that responses are structured and cohesive and reflect the needs of the Victorian Health system. Optimum health outcomes are reliant on the operational effectiveness of each individual agency, as well as the coordinated and collaborative approach of working together to achieve the common goal.

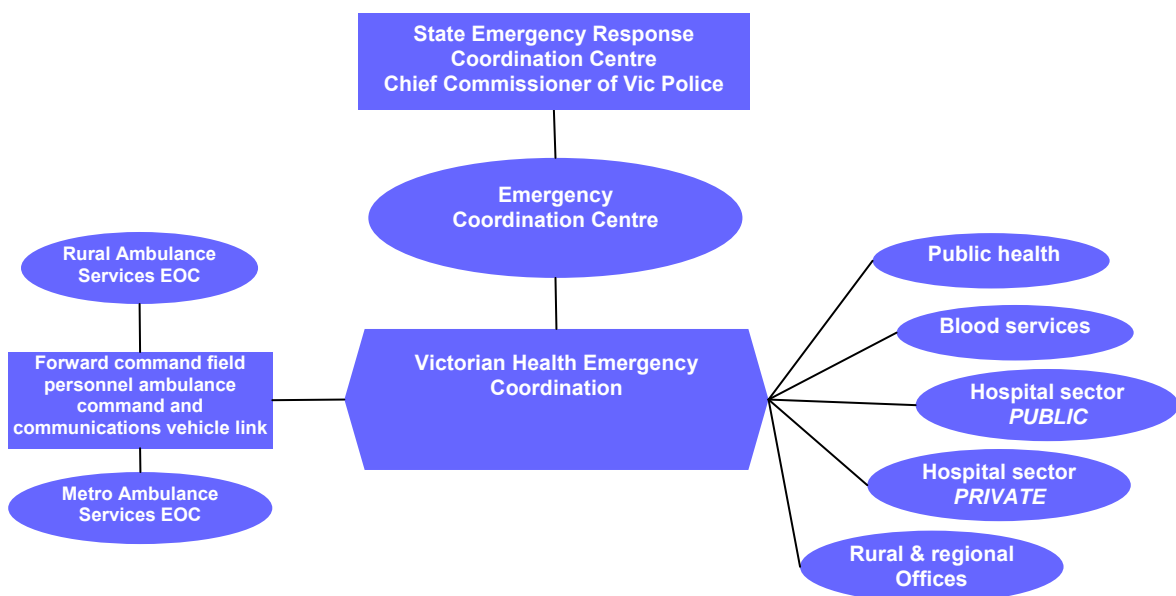


Figure 1: Victorian VHEC Communication pathways

Activation of VHEC

VHEC is on standby at all times and can be activated at any time in response to an incident. Alerts to VHEC of an incident can come from a number of sources, both formal and informal. Informal alerts are commonly via media or emergency service first responders. A formal alert to VHEC can be made via telephone - **1300 790 733**. This will be answered by a paging system and the call directed to the appropriate person.

The responsibility to activate VHEC lies with the Director, Emergency Management Branch or Executive Director, Rural and Regional Health and Aged Care Services, or delegate. The

operational function of VHEC is a shared responsibility, and led by the Director, Statewide Quality Branch (SQB) or Director, Access and Metropolitan Performance (AMP).

Stages of activation

The VHEC will normally be activated in stages. In an impact event, these stages may be condensed with stages being activated concurrently.

<i>Stage 1 alert</i>	The alert stage is activated when advice of an impending or potential emergency is received or when following the occurrence of an event, it is unclear as to whether a health emergency management response is needed. During this stage, the situation is monitored to determine the likelihood and nature of the health emergency management response.
<i>Stage 2 standby</i>	Activated when information received is sufficient to warrant preparatory activities in readiness for a response. This stage could be used to gain additional information, and may include: <ul style="list-style-type: none">• Hospital bed availability• Alerting VHEC staff of possibility of activation
<i>Stage 3A confirmed and activated</i>	When it is realised that health emergency coordination is necessary and VHEC is staffed.
<i>Stage 3B ongoing response – activated</i>	When the initial emergency response has been completed and the victims are all placed within the hospital system. This stage may stay in place for some weeks depending on the situation.
<i>Stage 4 stand down</i>	The stand down stage is activated when a coordination response is no longer required and the health service can resume normal business.

Guidelines for response

This document does not contain detailed procedures for managing emergencies, recognising that response will vary with the scale of such incidents. It constitutes a decision making aid that will be built around a sequence of events. The plan provides flexibility to address a range of different types and scales of incidents. Its arrangements can be escalated to respond to events of different magnitudes.

VHEC, when operational, will use the Incident Control System (ICS) framework and interface with the health services ICS functions in managing the incident.

Appendix 1: Emergency Support from the Commonwealth

Emergency Management Australia (EMA)

EMA's operational function is the coordination of Commonwealth physical assistance to the States and Territories in the wake of a disaster or major emergency. To achieve this, EMA has call on all Commonwealth resources through the National Emergency Management Coordination Centre (NEMCC)

Commonwealth Physical Support

Under the Constitution, States and Territories have responsibility for the safety and welfare of their citizens. This in turn requires a capability to respond to a major emergency, using the resources of State and local governments and the private sector.

The Commonwealth has no power to intervene in the wake of a major emergency unless so requested by the affected State or Territory. That request may only be made by a designated State or Territory officer or officers. In the case of Victoria, the State Emergency Response Coordinator (Chief Commissioner of Police) is the officer nominated to request Commonwealth physical assistance. During a state of disaster, the Coordinator in Chief (Minister for Police and Emergency Services) is also authorised but may delegate that responsibility to the State Emergency Response Co-ordinator. The Chief Commissioner of Police has further delegated his/her authority to a nominated Deputy Commissioner and/or the Duty Commissioner of Police.

Criteria for Requesting Commonwealth Support

For Commonwealth support to be provided, the following criteria must be met:

- Assistance must be required to save life or property, or to relieve suffering;
- The task must be beyond the resources of the affected State or Territory, those resources are already fully committed or they cannot be mobilised in time; and,
- The task cannot be undertaken by commercial means available
- within the affected State or Territory.

Response

The Director-General of EMA determines the appropriate response, based on the substance of the request. While the Australian Defence Force (ADF), because of its capabilities and state of readiness, is frequently used, such use should not be anticipated by the requesting State or Territory. The National Emergency Management Coordination Centre (NEMCC), given the basic need, timings, priorities and contacts, determines how best the Commonwealth can meet that request.

In parallel with NEMCC responses to requests, several Commonwealth departmental regional offices and statutory authorities (e.g. Centrelink) automatically implement their own response/recovery procedures, keeping the NEMCC informed.

Form of Request

When making a request for Commonwealth assistance, the authorized State or Territory officer or a nominated delegate will contact the NEMCC by telephone; the NEMCC will act upon that call, which should be followed by a confirmatory hard copy as soon as practical.

State or Territory agencies requiring Commonwealth assistance must seek such assistance through the appropriate regional or state emergency response co-ordinator. He or she, in turn, must be satisfied that the request meets the criteria before dispatch. The format for requests for Commonwealth assistance is as follows:

Subject:	Request for Commonwealth Assistance
Date/Time/Origin	This must include the date and local time of the request and the name of the person and department that is making the request
Request Number:	This should be a State/Territory number (the NEMCC will allocate separate NEMCC numbers for each incoming request)
Situation:	A brief summary of the reason for the request
Own Resources:	An explanation why the requirement cannot be met from within State/Territory (government or commercial resources)
Request:	A brief description of the need and tasks for the requested resource/s (e.g., move 100 bales of fodder from supply dump to properties within a 20 km radius). Requesting authorities should NOT specify the means for meeting the need or tasks (e.g., by constraints that may influence EMA's decision (e.g., area unsuitable to all but rotary wing aircraft)
Delivery:	Details of when and where require
Consign:	To whom and where addressed, and any other labeling requirements
Contact:	To include full details of delivery point contact officer/s including name, location and telephone/facsimile numbers as appropriate. Where desired, contact officer/s may be from state/territory headquarters
Remarks:	Any general comments that may contribute to providing the fastest and most effective response to the request

Reference: Emergency Management Manual Victoria July 2004

Appendix 2: Message Form

Message Form

EVENT: _____

LOCATION: _____

DATE: _____		TIME: _____ am/pm	
RECEIVED FROM:			
MESSAGE: (If inwards message is received by facsimile or email, please attach)			

Signed: _____		Title: _____	
GIVEN TO:			
ACTION REQUIRED / TAKEN: (Note: It is important to feedback so please advise requester immediately)			

Signed: _____		Title: _____	
ENTERED ON RIEMS	Date: _____	Time: _____	
COMPLETED BY:			

Appendix 3: Hospital capacity - Status report form

VHEC Ph. No. 1800 886 206 Fax: 03 9616-8354 Email address: VHEC@dhs.vic.gov.au

Report Date:	Report time :
Health service:	Hospital campus
Incident controller:	Phone. No.:
E-mail	Fax No.:

Current status

	Category 1	Category 2	Category 3	Category 4	Category 5
Patients currently in the Emergency Department					

General beds available	Patients waiting for general bed
Burns bed available	Patients waiting for burns bed
ICU beds available	Patients waiting for ICU
Operating rooms available	Patients waiting for operating room
Paediatric beds available	Patients waiting for paediatric beds
Resp isolation rooms available	Patients waiting for resp isolation room

Total Number of casualties received at the health service/hospital	
Total Number of patients admitted to the health service/hospital	

Projected status

Projected beds available in the next 4 hours	
Projected beds available in the next 4- 24 hours	

Key issues for health service/hospital

DHS USE ONLY	
Received by: Time: Date:	Action:

Appendix 4: National emergency management communication pathways

