MonashHealth

Emergency Management Framework

Version 1.0

May 2017

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Manager, Emergency Management & Business Continuity

MonashHealth

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Version Control

Version	Date	Revision Status	Description of change	Approving Body
1.0	May 2017	Approved	Initial Release	Emergency Management and Business Continuity Advisory Committee

Executive Sign off	**Version**	**Designation**	**Date**
M Keogh	1.0	Chief Operating Officer	May 2017

1 Monash Health Emergency Management Overview

1.1 Purpose

Emergency management is the managerial function charged with creating the framework within which communities reduce vulnerability to hazards and cope with emergencies. Emergency Management, in conjunction with Risk Management and Business Continuity, assists the organisation by identifying, coordinating and integrating all activities necessary to build, sustain and improve organisational resilience. Emergency Management coordinates and integrates emergency prevention, preparedness and response to ensure the safety of all patients, clients, residents, visitors, staff and any other individuals entering or using the organisation's facilities or services

The development of a consistent and comprehensive Emergency Management Framework also promotes compliance with regulations and asset protection (property and materials)

The Emergency Management Framework aligns with the Monash Health Business Continuity Framework to ensure operational resilience in the event of a disaster and major service disruption via:

- Maintenance of services to the community, and
- Continuation of operations (business continuity management)

1.2 Introduction

An emergency can develop from a number of internal and external causes, including:

- Fire or smoke incidents,
- Failure of critical infrastructure within facilities such as the supply of electricity, gas, water and medical gases, information technology and communication system, or incidents involving hazardous substances
- Criminal or nuisance acts such as bomb threats, and
- Threats of personal injury either armed or unarmed

Developing individuals' knowledge and awareness of the various emergency situations that may arise, the immediate actions that they need to take to protect their own safety and the safety of others, and the emergency procedures that need to be implemented are essential for the effective and efficient management of any major incident. The Emergency Management Framework summarises the strategies that guide immediate operational responses to emergency incidents.

1.3 Scope

The Framework is applicable to all areas of Monash Health including all sites and employees and contractors.

1.4 Alignment with Enterprise Risk Management and Business Continuity

The Monash Health Emergency Management Framework has been developed to align and support Enterprise Risk Management and Business Continuity processes and associated procedures. The Monash Health Enterprise Risk Management Framework http://prompt/Search/download.aspx?filename=3938426\21090199\24221960.pdf provides a consistent approach and the foundation for enabling Monash Health programs, sites, departments, units and projects to undertake activities with the knowledge that measures are in place to maximise the benefits and minimise the negative effects of risks on the organisation. The Business Continuity Framework summarises the measures required to maintain operational resilience in the event of a disaster or major prolonged service disruption.

The Emergency Management Framework aligns with the following State level plans:

- The Victorian State Emergency Response Plan ; and
- The State Health Emergency Response Plan (3rd ed.) 2014

Monash Health adheres to the following National Standards:

- AS 3745-2010 Planning for Emergencies in facilities
- AS 4083 – 2010 Planning for Emergencies – Health care facilities
- AS/NZS ISO31000: 2009

2 Governance, Roles and Responsibilities

2.1 Emergency Management Framework

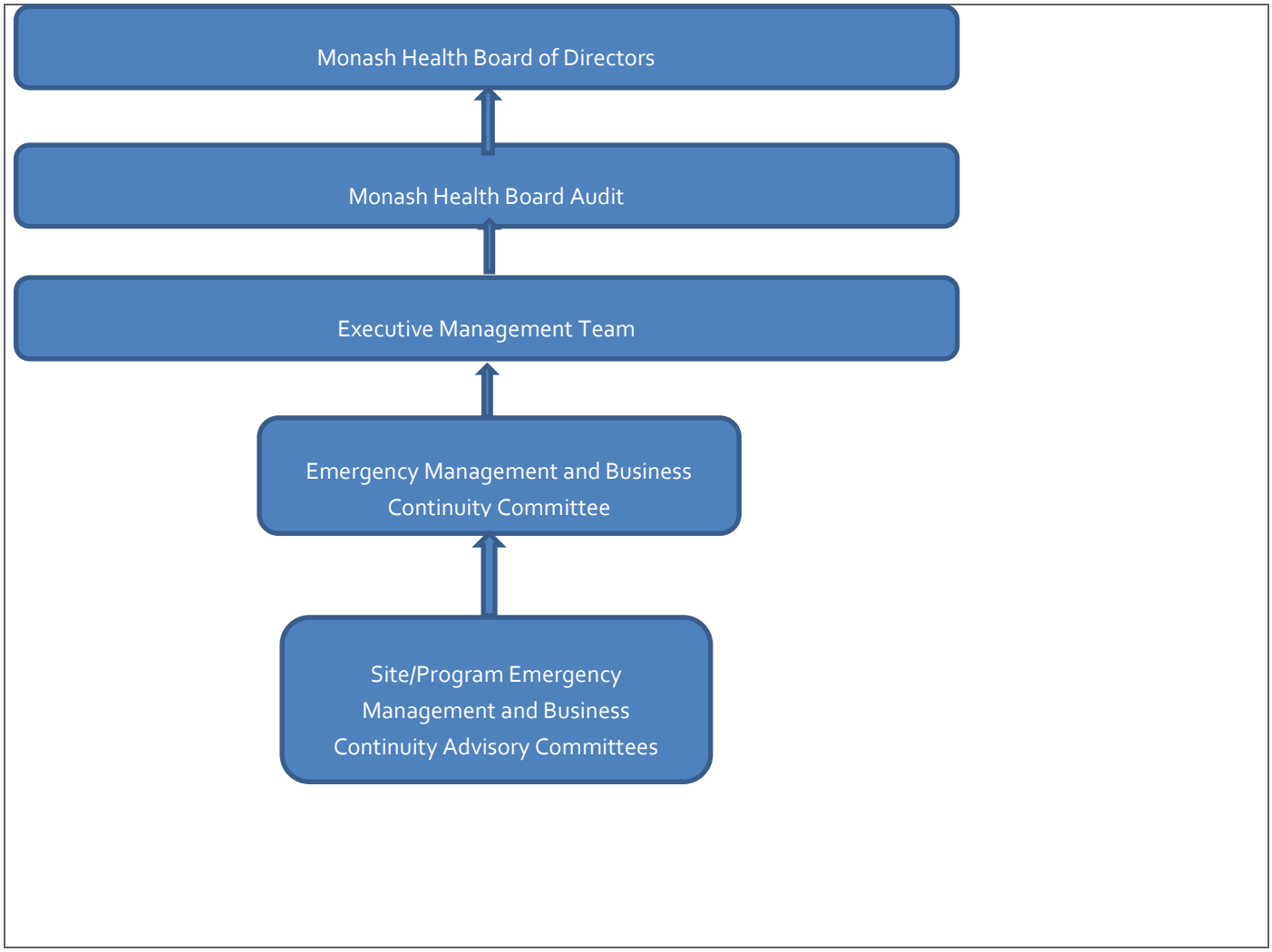
Emergency Management has been considered from two perspectives:

- Business as Usual – to maintain and exercise emergency preparedness and response capability ensuring readiness for activation
- Emergency Response – to deploy a structure of teams for responding to and managing Emergency incidents

2.2 Business as Usual Management

A robust Governance structure is in place at all levels of the organisation to ensure issues and incidents are promptly identified and remedial actions taken. The following high-level diagram represents the governance and reporting structure for Business as Usual Emergency Management at Monash Health.

Figure 1: Emergency Management and Business Continuity Governance Structure



Governance Structure

Emergency Management and Business Continuity Steering Committee

This committee is the peak governing body for Emergency Management and Business Continuity at Monash Health and is accountable for the frameworks that guide the structure and operation of organisational arrangements in this area. The committee reports to the Executive Management Team and provides organisational oversight and coordination for Emergency Management and Business Continuity.

Emergency Planning Committees: Site/Program Emergency Management and Business Continuity Committees

Each major site and Monash Health Community has established a committee to oversee the management of emergency response and business continuity. The key obligations of these committees are to take responsibility for the development, implementation and maintenance of emergency planning, response and recovery within their area of responsibility

This includes:

- Ensuring that zone wardens are appointed to all identified areas
- Ensuring that staff complete mandatory annual on-line fire and emergency training
- Developing a series of emergency response exercises to determine the effectiveness of emergency response.
- Ensuring that Emergency incidents are reported in Riskman

Ward/Unit Quality and Safety Meetings

- Monitor and evaluate local performance
- Conduct local incident investigations
- Ensure incidents are reported appropriately
- Monitor staff training compliance
- Participate in Emergency Management and Business Continuity education and training

Key Roles and Responsibilities

Chief Operating Officer

The Chief Operating Officer is the Executive Sponsor of the Emergency Management and the Business Continuity Framework and as such is fully accountable and responsible.

Manager, Emergency Management and Business Continuity

The Manager, Emergency Management and Business Continuity is responsible for both the Emergency Management and the Business Continuity Frameworks across Monash Health. This role reports operationally to the Chief Operating Officer and also reports through the Emergency Management and Business Continuity Steering Committee. This committee is chaired by the Chief Operating Officer. The Manager, Emergency Management and Business Continuity is responsible for the oversight of Emergency Management and Business Continuity plans and procedures.

Emergency Management and Business Continuity Business Partner

The Emergency Management and Business Continuity Business Partner assists the Manager, Emergency Management and Business Continuity to

Table 1: Emergency Management roles and responsibilities

Manager Emergency Management and Business Continuity	⌖ Ensure that the Emergency Management Framework and Policy is current and appropriately applied to work practices ⌖ Facilitate major incident investigations ⌖ Planning for emerging risks ⌖ Advising Business Units on local plan development ⌖ Supporting Business Units to ensure plans are tested and maintained regularly to reflect changes to business operations ⌖ Review staff training ⌖ Supporting Business Units to ensure that new staff are made aware of, and trained in, Emergency Management procedures
Emergency Management and Business Continuity Business Partner	⌖ Support the Emergency Management and Business Continuity Manager and organisation to ensure staff and facilities, individually and collectively, are prepared to respond to and recover from emergency incidents ⌖ Responsible for Emergency Management Training and exercises in accordance with AS4083 & AS3745 for all Monash Health staff & volunteers, including all new staff during corporate induction
Site/Program/Department, Directors and Managers	⌖ Take advice from the Manager, Emergency Management and Business Continuity in matters relating to Emergency Management ⌖ Ensure that appropriately trained Zone Wardens are appointed to each zone within their area ⌖ Ensure that annual local table-top and/or practical emergency response exercises are undertaken by area zone wardens ⌖ Ensure that any emergency code incidents in their area are reported into Riskman and appropriate controls applied to prevent recurrence or mitigate impact ⌖ Ensure that staff understand their individual responsibilities in the event of an emergency ⌖ Ensure that new staff receive orientation to local area emergency arrangements and complete annual on-line training in fire and emergency response
Zone Wardens	**Emergency Role** Zone and Deputy Zone Wardens will: ⌖ Take responsibility for the immediate safety and wellbeing of the occupants of a defined physical zone or functional unit (or both) ⌖ Control immediate response activities within the Zone or department including removing people from immediate danger ⌖ Raise the alarm by **dialling 999 (Major sites) or 0-000** (Community health sites) and stating the relevant Emergency Code response required (e.g. Code Red) ⌖ Prepare for evacuation, if necessary, until relieved by the Incident Commander or relevant external authority ⌖ Keep zone staff informed of what is happening ⌖ If evacuation of a patient care areas is required, direct staff to: ○ Evacuate occupants in the order of: ▪ 1. Visitors; ▪ 2. Walking patients; and ▪ 3. Non-ambulant patients ▪ Collect patient records (if safe to do so) ○ Proceed to the evacuation assembly area as instructed

	○ Account for all occupants - Hand over control, guiding and briefing fire officers, police or other authorised persons during an emergency within the zone - Be aware of, and be prepared to react to, the implications of an emergency in an adjoining zone or adjacent premises - At all times maintain your own safety and that of your staff **Prevention and Planning Role** Zone and Deputy Zone Wardens will: - Maintain an intimate knowledge of the zone, including: egress routes, location of emergency equipment, location of medical gas isolation valves, and the presence of any hazardous substances - Be proactive in promoting good housekeeping practices (e.g. ensuring that fire are not chocked, and egress routes are free of obstruction) - Undertake a monthly non-technical inspection of their zone, record findings in the Zone Warden database, report deficiencies and ensure timely remedial action occurs - Provide emergency response workplace orientation/familiarisation training for all new employees - Ensure that all zone staff (including temporary and casual employees) are familiar with internal emergency procedures - Complete annual Zone warden refresher training - Facilitate annual peer-to-peer fire and evacuation for staff in their zone - Attend site Emergency Planning or Zone Warden meetings as required - Ensure that zone evacuation diagrams are reviewed and updated at least annually and when changes are made to the physical layout of the area
Deputy Zone Warden	- Deputy Zone Warden will assume the role and responsibilities of the zone warden in their absence
All Staff	All Monash Health Staff must: - Complete the on-line fire and emergency response package - Follow emergency procedures - Familiarise themselves with local emergency response arrangements - Follow the instructions of the Zone Warden and Incident Commander in the event of an emergency
Third Parties (contactors/students etc.	Prior to commencing work or undertaking placements, all external contractors, volunteers and students working or undertaking placement at Monash Health sites must: - Complete the on-line fire and emergency response package - Follow Monash Health Emergency procedures as outlined in Emergency procedure booklets available at every landline phone throughout the organisation

Fire Zones and Appointment of Zone Wardens

Fire zones are usually determined by building construction and layout features such as smoke, fire walls and doors, fire detection systems, and emergency systems. The limits of the physical zone must not be changed without reference to Engineering.

Site/Facility Managers will appoint a Zone Warden to each zone to take responsibility for the immediate safety and wellbeing of zone occupants during an emergency.

Zone Wardens should take a lead role in local emergency planning, local workplace training and preventive activities.

In the absence of the Zone Warden, a Deputy Zone Warden must also be appointed to assume responsibility for the local emergency response. Several Deputy Zone Wardens will be required in areas providing a 24 hour service. Smaller stand-alone facilities may also choose to appoint a number of trained Deputy Zone Wardens.

Zone Wardens or Deputy Zone Wardens on duty are part of the Incident Management Structure and normally operate only within their designated zones. They are to be directed by and kept informed of any emergency situation elsewhere in the building by the Site Incident Commander (usually via the Warden Intercommunication Phone [WIP]).

Sub-Zones

Where two or more relatively large departments co-exist in a designated zone, then it is allowable to have more than one Zone Warden providing the limits of each sub-zone are clearly definable, are understood by all occupants, and are included on the relevant emergency evacuation plans mounted in the zone. Sub-zones are designated by the suffix: Map 1-1, 1-2, etc.

Application for sub-zone status should be made through site management in conjunction with Engineering.

2.3 Emergency Incident Management

Emergency Response at Monash Health is underpinned by the *Incident Command System* (ICS) approach.
The ICS is a standardised model for the command, control, and coordination of emergency responses. It utilises a common hierarchy to optimise communication and coordination within and between responders from multiple areas or agencies and is the approach promoted by Emergency Management Victoria through the State Health Emergency Response Plan (SHERP).

Incident Command System

The Incident Command System

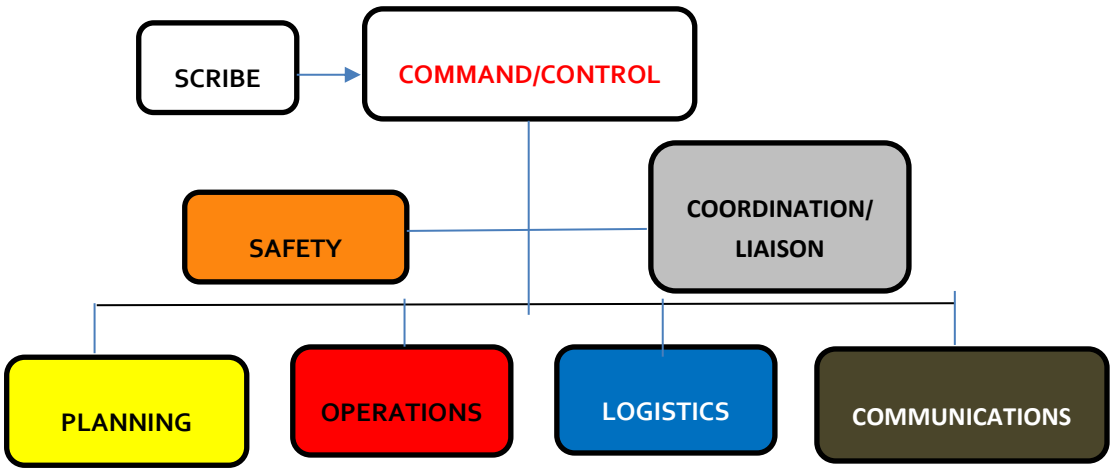
The Incident Command System has 5 core functional roles:

- Command / Control
- Operations
- Planning
- Logistics
- Communications

The Incident Commander is responsible and accountable for all of these functions. Depending on the size and complexity of an incident, the Incident Commander may elect to delegate one or more of the planning, operations, logistics and communication functions. Delegation occurs in-line with the principle of span of control to limit the number of groups or individuals that can be managed effectively by one person. Large scale and/or prolonged incidents may also require further role delegation within each of the functional and support areas.

At Monash Health, the core functional structure is supplemented by advisory and support roles including, Safety, Coordination/Liaison and Scribe.

Figure 2 : Monash Health Executive Incident Command Team Structure



Incident Command Responsibilities

Incident Commander

- Identifies the impact, risks and objectives of managing the incident
- Establishes an appropriate Functional Incident Management Structure
- Defines the span of control
- Provides overall strategic direction and control

Planning

- Develop and document an Incident Action Plan to meet Incident Objectives
- Organise and direct all aspects of planning related to incident response
- Compile scenario/resource projections from all areas and effect long range planning

Operations

- Conducts operations to achieve the incident objectives
- Effectively manages and supervise human and physical resources
- Responsible for the management and assignment of all available staff required as part of the incident response

Logistics

- Responsible for the logistical management of the incident response
- Acquires the resources required to effectively manage the incident including food, shelter and supplies

Communications

- Develop and oversee the Communications Plan/Information Strategy as part of the Incident Action Plan

Safety

- Provide advice to the Incident Commander on current and emerging health and safety risks
- Recommend risk controls

Coordination/Liaison

- In Multi-agency incidents to act as the point of contact for and facilitate coordination of external control and support agencies
- Assists and liaises with the Executive Incident Commander and the Executive Incident Management Team to manage all information with regard to the incident in accordance with the designated control agencies protocol
- Ensures that effective incident control is established and maintained

Scribe

- Maintain current information regarding the incident status and ensure a written record of the hospital's emergency planning and response activities

Emergency Incident response

The Monash Health Site and Executive Incident Management Teams utilising the Monash Health Emergency Management Framework will lead the initial organisational response to a disaster. Depending on the nature and magnitude of the event the State Health Emergency Response Plan may be implemented and leadership will follow the established command and control structure for major incident management. The Executive Incident Commander will decide if an event warrants declaration of a major incident. This decision will be made based on the extent and likely duration of service disruption to time critical services. (Table 1)

Table 1: Emergency incident response levels

Escalation of response level			
Normal Operations	**Level 1**	**Level 2**	**Level 3**
Low impact on normal operations **Business as usual management via site operations teams**	Medium impact on a single site's normal operations that can be managed through use of local resources. **Managed by site incident management teams**	Major impact on a single site's normal operations or impact on multiple sites, requiring executive leadership of emergency response **Managed by executive incident management team in conjunction with site teams**	Severe impact on normal operations with complexities requiring substantial management of response **State Health Command and Multi-agency response required**

Monash Health Business Continuity Consequence Rating Evaluation Criteria			
Minor	**Moderate**	**Major**	**Catastrophic**
Short term disruption to services but no loss of business continuity. Includes unplanned disruption of infrastructure, resources or systems. Demand increases or capacity to meet demand is affected resulting in increased wait times for service, but no extra patient care or treatment is required.	Short term disruption to services resulting in short term loss of business continuity. Includes unplanned disruption of infrastructure, resources or systems. Demand increases or capacity to meet demand is affected resulting in increased wait times, leading to moderate impacts on patient wellbeing requiring increased monitoring and/or minor additional treatments or interventions.	Substantial disruption to critical single or multiple services resulting in short to medium term loss of business continuity. Includes unplanned disruption of infrastructure, resources or systems. Demand increases or capacity to meet demand is affected resulting in increased wait times, increased treatment or intervention and may cause some permanent change to function as a result of delay.	*Substantial disruption to critical single service / multiple services, threatening the long-term business continuity of the organisation. Includes unplanned termination of multiple significant services or programs. Demand increases or capacity to meet demand is affected resulting in increased wait times and may cause permanent change to patient function or death as a result of delay*

2.4 External Emergencies

Monash Health will activate the Code Brown plan when required to respond to an external emergency. Mass casualty events and natural disasters are two such categories that may prompt a Code Brown response. The magnitude and nature of the event will determine if a broader emergency response is required. There are three tiers of incident control for emergency response in Victoria which are reflected in the State Health Emergency Response Plan emergency management structures:

- Incident tier – leadership and management at the incident site
- Regional/area of operations tier – leadership and management within a defined area of operations
- State tier – strategic leadership for resolution of emergencies across Victoria

If a health service activates a Code Brown in response to an influx of large numbers of casualties the State Health Coordinator at the Department of Health and Human Services must be notified (see below.)

Department of Health Emergency Management Contact Details

The Executive Incident Commander is responsible for ensuring that the State Health Coordinator is notified of any level 3 incident or any incident that has the potential to require a multi-agency response

Contact details:

State Health Coordinator **1300 790 733** health.command@health.vic.gov.au

Calls to this telephone number will be answered by a paging system. The caller must request to speak with the duty officer and leave a contact name and phone number.

External Disaster Assistance (Code Brown Response)

Code Brown is the emergency response code used by health services to denote major external incidents that significantly disrupt or overwhelm health service capabilities.

Request for a Medical Assistance Team

Depending on the nature of the external disaster, the State Health Commander may call upon Monash Health at any time to request the deployment of specially trained personnel in the form of a Medical Assistance Team (VMAT) to assist with the disaster response in the field. Monash Health maintains an adult VMAT response capability at Dandenong Hospital and a paediatric VMAT capability at Monash Medical Centre Clayton.

Monash Health receives funding from the Department of Health and Human Services to provide and maintain specific Disaster Medical Kits. The Nurse Unit Managers of the Emergency Departments are responsible for ensuring that the contents of the kits are maintained and for ensuring that relevant staff are familiar with their contents. Major Incident Medical Management Support (MIMMS) training is provided by the Department of Health and Human Services for those staff selected to form a Medical Assistance Team.

Request for supplies and equipment

During an external disaster, Monash Health may be asked by the Field Emergency Medical Commander to provide supplies and equipment. This request must be directed via:

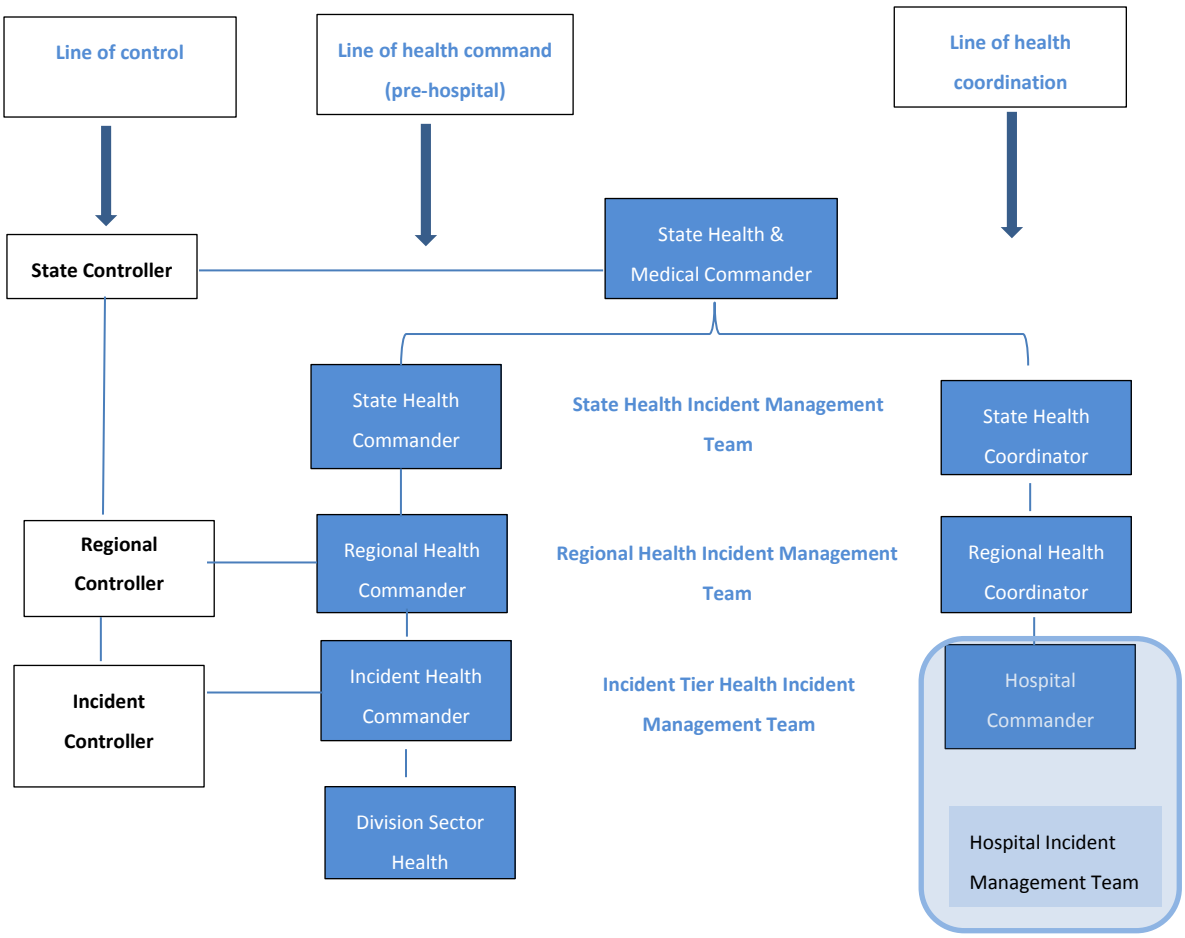
- The Nurse in Charge or Admitting Officer the Emergency Department
- The Site Director of Nursing/Incident Commander, or
- The Monash Health Executive Incident Commander
- Supplies should be taken from Emergency Department stocks. Ambulance officers will collect supplies at the Emergency Department Entrance
- If opioid analgesics are required, the ED Nurse in Charge and the transporting ambulance officer may sign them out from the drug safe in the Emergency Department

NB: In all cases the relevant Site and Executive Incident Commanders must be notified of any request for personnel, supplies or equipment

Multi-agency response

Where a multi-agency response is required the Monash Health Executive Incident Commander will participate as a member of the Health Incident Management Team (Figure 3) as prescribed in the State Health Emergency Response Plan (SHERP).

Figure 3: Reporting relationships within the lines of incident control, health command and health coordination



Ref: State Health Emergency Response Plan (SHERP) 3rd. ed. 2014

3 Emergency Plan

3.1 Training

The initial response to emergency situations can be critical to successful outcomes. Staff need to have the knowledge and skills to effectively manage incidents until help arrives. Monash Health has a comprehensive matrix of emergency management training. All staff must complete on-line fire and emergency training at induction and annually thereafter. The Emergency Management and Business Continuity Business Partner also provides face-to face-training across all sites covering a range of topics including:

- Emergency Response procedures Red, Yellow, Orange, Black and Purple
- Zone Warden training
- Incident Command training
- Fire Panel and Early Warning Indicator System (EWIS)

An annual training calendar is posted on the Monash Health Learning Management System (LMS) for staff to self-enrol.

3.2 Exercises

Emergency response exercises and drills using realistic scenarios are conducted throughout the organisation. Exercising drives a continual improvement process and is critical in optimising staff engagement and providing validation of the work performed to date. The scope of exercises ranges from table-top in a ward or unit to organisation wide exercises undertaken in collaboration with the Department of Health and Human Services and relevant partner agencies such as Ambulance Victoria and Victoria Police (Table 2).

Table 2: Emergency Exercise programs

Exercise type	Process	Participants	Schedule
Table Top/Local EM Plan Review	Manager review of the structure and content of the plan	Local area manager and zone warden	Annually
Simulation/Table Top Exercise	Use the plan to undertake a theoretical/practical response to an incident	Local Zone Warden Local staff – patients/residents/clients where practical and appropriate	Minimum annually
Unit Rehearsal	Simulation of response to a major emergency incident at a facility or site level	Site incident command teams and key site staff	X 4 per year
Full Rehearsal	Practical simulation of a response at an organisation wide level (EmergoTrain)	Multiple staff throughout the organisation, site and executive incident command teams – facilitated by the Department of Health and Human Services	Bi-annually

A peer-to-peer exercise approach has been adopted in the round-the-clock clinical service areas of the organisation. This approach provides the greatest opportunity for staff to access emergency response training. Importantly, this approach also promotes local awareness and ownership of emergency response measures. Practical evacuation drills are undertaken wherever possible, particularly in the smaller sites and in the organisation's residential care facilities. The major hospitals conduct site level exercises in which the Incident Command Team is involved to test responses to specific codes and also participate in multi-agency Emergo-train exercises designed to exercise the organisation's response to a significant external disaster (Code Brown).

3.3 Reporting and Evaluation

Regular review and evaluation of emergency incidents and trends assist in the validation and continuous improvement of operational policies and procedures. Monash Health has a robust system of reporting and oversight as outlined below.

Incident Reports
All Emergency incidents must be recorded in the Victorian Health Information Management System database as Riskman reports;

Exercise Reports
The results of all local table-top and practical emergency exercises must be documented and submitted to the local site Emergency Planning Committees for review.

Operational Reviews
Following each major incident a formal operational review will be undertaken to identify process gaps or areas for improvement and recommendations will be made in the form of an action plan. The purpose of these reviews are to:

- Improve current processes and approaches in a no-blame environment
- Identify system or functional failures or gaps
- Capture lessons learned
- Inform future education and training
- Improve procedures
- Provide an opportunity for feedback

Incident commander(s), key participants and relevant department heads should participate in the review which should take place as soon as possible following the event. Review findings must inform actions to improve, mitigate or control any issues arising. A summary report of actions arising together with timelines and responsibilities must be provided to the relevant governing committees (site and/or organisational).

Site Reports
Site Emergency Planning Committees will review issues and trends in Emergency Code Incidents and any issues arising from exercises and drills or from operational reviews to ensure that recommendations are been followed through.

Executive and Board Reports
Monthly Emergency Management reports are submitted to the Emergency Management and Business Continuity Steering Committee as the organisational steering body for Emergency Management. Monthly updates are also provided to the Executive Management Team and the Monash Health Board via the Executive Review Group. The Board and Executive Management Team are also provided with Bi-annual Emergency Management and Business Continuity reports.

4 Emergency Procedures

A range of Emergency procedures have been developed to outline the measures that staff need to follow to safely manage Emergency situations. Procedures contain sufficient detail for any operational peer to follow. Procedure documents have been structured to present blocks of information to support the various types of activities to be performed. Procedure development is based on Monash Health Policy and Procedure (PROMPT) guidelines. All Emergency procedures are systematically reviewed on a regular basis to ensure that they reflect current best practice and comply with relevant standards.

The table below provides hyperlinks to the main Emergency Code response procedures in PROMPT.

Table 3:

Procedure Name	Issue Covered	Hyperlink
Code Red	Fire/Smoke	http://prompt/Search/download.aspx?filename=1826090\28279703\22338601.pdf
Code Orange	Evacuation	http://prompt/Search/download.aspx?filename=1826090\28279703\22338645.pdf
Code Purple	Bomb Threat	http://prompt/Search/download.aspx?filename=1826090\28279703\22338516.pdf
Code Black	Personal Threat	http://prompt/Search/download.aspx?filename=1826090\28279703\22338467.pdf
Code Yellow	Internal Emergency	http://prompt/Search/download.aspx?filename=1826090\28279703\22338613.pdf
Code Brown	External Emergency	http://prompt/Search/download.aspx?filename=1826090\28279703\21684925.pdf

5 Recovery

Staff Welfare

Severity of stress related to a critical incident is determined by personal interpretation of the event, perceived seriousness of the incident, length of exposure, pre-existing coping strategies, and available social support. When a critical incident occurs, a cascade of emotions may overwhelm an otherwise healthy individual's coping skills.

Monash Health promotes a multi-tiered approach to supporting staff exposed to critical incidents this includes:

Hot Debrief or Defusing sessions

These involves immediate small group support (within 24 hours of an incident) and usually facilitated by a senior member of staff from the local area. The objectives are

- Review the event
- Clarify workers' questions and concerns
- Encourage workers to talk about what happened
- Identify current needs
- Offer workers advice, information and handouts on referrals and support agencies
- Arrange debriefing and follow-up sessions to provide additional information about the event when available

Formal Structured Debriefing

Generally conducted 3-10 days post-event and facilitated by trained facilitators in this area. It involves structured voluntary discussion aimed at putting an abnormal event into perspective. It offers workers clarity about the critical incident they have experienced and assists them to establish a process for recovery.

- The sequence of events
- The causes and consequences
- Each person's experience
- Any memories triggered by the incident
- Normal psychological reactions to critical incidents
- Methods to manage emotional responses resulting from a critical incident.

One-on-one support sessions

Staff have access to individual support session through the Employee Assistance Program (EAP) which provides independent and confidential counselling and support for all Monash Health staff

Follow-up support

Stress responses can develop over time and follow-up support may be required by some staff or groups. Perspectives may change after the first debriefing session and additional sessions may need to focus on new aspects of the incident or stress reactions.

It is also common for critical incidents to bring up a range of personal issues for staff. Short-term counselling may be required to prevent further difficulties. Where counselling sessions identify other or more complex needs, it may be important to refer a worker to an appropriate service for additional support.

6 Obligations under the Emergency Management Act 2013 Victoria

Information Gathering- sections 64 and 69 and 32 and 35

Where Monash Health receives a notice from the Inspector-General for Emergency Management, Department of Justice and Regulation requiring the organisation to give information under the Act, Monash Health must provide the information within 28 days of receipt of the notice unless:

- the Inspector-General for Emergency Management has agreed to allow an extension of time for the giving of the information; or
- the Inspector-General for Emergency Management has agreed that Monash Health is not able to give the information.

If the Inspector-General for Emergency Management has agreed to allow an extension of time under the Act, Monash Health must give the information to the Inspector-General for Emergency Management within the agreed time.

Provision of information in relation to recovery

Monash Health must provide information to the Emergency Management Commissioner on request to enable the Emergency Management Commissioner to perform the following functions:

- being responsible for coordinating recovery under the Act; and
- provide advice to the Minister on any matter relating to the functions of the Emergency Management Commissioner.

(Explanatory Notes: ***Recovery*** *means the assisting of persons and communities affected by emergencies to achieve a proper and effective level of functioning.)*

Incident Management Operating procedures

Monash Health must cooperate with the Emergency Management Commissioner in any consultation under the Act in relation to the development and review of operating procedures for the planning and preparation for the response to, and responding to, emergencies.

(NB: If incident management operating procedures developed under this section are inconsistent with procedures of a similar kind that a responder agency has in place for the planning and preparation of the response to, and responding to, an emergency, including any joint procedures with other responder agencies, the incident management operating procedures prevail to the extent of the inconsistency.)

Provision for reviews and reports for the purposes of section 64 of the Act

A person who receives a draft copy of a review or report under the Act must not disclose the contents of the review or report except to the extent necessary for the purposes of Monash Health to provide comment or response.

(NB: if a review or report for the purposes of section 64 of the Act, relates to a relevant agency, the Inspector General for Emergency Management must provide a draft copy of the review or report to the relevant agency for comment and response.)

Reasonable assistance to be given to the Inspector-General for Emergency Management

The Inspector-General for Emergency Management may, by written notice and to the extent that is reasonably necessary to enable the Inspector-General for Emergency Management or any person performing any function or exercising any power on behalf of the Inspector-General for Emergency Management or engaged by the Inspector-General for Emergency Management to perform any function or exercise any power under the Act, require a relevant agency to give reasonable assistance to the Inspector-General for Emergency Management or that person.

Power of Entry

If the Inspector-General for Emergency Management reasonably believes it is necessary for the purposes of enabling the Inspector-General for Emergency Management to perform any function or exercise any power under the Act, the Inspector-General for Emergency Management or any person performing any function or exercising any power on behalf of the Inspector-General for Emergency Management or engaged by the Inspector-General for Emergency Management may enter the premises of a relevant agency or a relevant agency's vehicle, vessel or aircraft at any time but only if the Inspector-General for Emergency Management or that person has in writing requested consent from the relevant agency in relation to the proposed entry; and has obtained consent from the relevant agency.

Within 7 days after receiving a request for consent under the Act, a relevant agency must provide the Inspector-General for Emergency Management or the person requesting consent with a written response to the request for consent.

A relevant agency must not unreasonably refuse to give consent.

Appendix A: Glossary of Terms

"All Hazards" approach	The range of situations that could possibly involve emergency management is extensive. An "all hazards" approach requires a form of emergency planning adaptable to a wide range of exigencies.
Business Continuity Management	Ensuring critical business functions can continue after an unexpected event. It is about planning activities to ensure speedy resumption of business.
Capacity	The volume of patients a hospital/Health Service can manage under normal operating conditions. E.g.: funded/budgeted beds/partner beds etc. See also "surge capacity"
Capability	Capability encompasses personnel, equipment, training and operations. See also "surge capability"
Code Red	Health Service recognized code for Fire
Code Orange	Health Service recognized code for Evacuation.
Code Purple	Health Service recognized code for Bomb threat
Code Black	Health Service recognized code for Personal threat
Code Yellow	Health Service recognized code for Internal Incident
Code Blue	Health Service recognized code for Medical Emergency
Code Brown	Health Service recognized code for External Major Incident
Casualty	An injured person.
Command	Directing the people and resources of an agency in the performance of its role and tasks. Authority is vertical within the agency.
Consequence	The outcome of an event or situation expressed qualitatively or quantitatively, being a loss, injury, disadvantage or gain.
Control	Overall direction of response activities in an emergency situation. Control operates horizontally across agencies or groups as it can carry the responsibility for tasking other agencies.
Control Agency	An agency nominated through the authority of the Emergency Management Manual Victoria to control response activities for a specific emergency.
Coordinate/Coordination	Bringing together agencies and elements to ensure effective response to and recovery from emergencies. Involves systematic acquisition and application of resources (agencies, personnel and equipment).
Cost	Activities, both direct and indirect, involving any negative impact, including money, time, labour, disruption, good-will, political and intangible losses.
Debrief (Operational)	A comprehensive, objective examination of the response to an incident or an exercise, to evaluate what was done well and where improvements can be made. It may result in a new action plan or revisions or updates to an existing plan.
Disaster	'Disaster' and 'emergency' are often used synonymously, because distinctions between the two are not sufficiently precise. It is an event that demands substantial crisis response, requiring government powers and resources beyond the scope of just one line agency or service.
Emergency	The result of any happening, whether natural or otherwise. May include fire, flood, cyclone, leakage or spillage of a dangerous gas or substance, infestation, plague, epidemic, disruption to an emergency service or a terrorist or warlike act, hi-jack, siege or riot. It may also be the disruption to an essential service. May cause loss of life, injury or illness or endanger the safety of the public or property
Escalation	A process whereby a critical incident requiring health intervention intensifies and may overwhelm the response capacity of a single service, thus needing to expand into alternative health services.
Evacuation	The removal of people or services from an area.
Executive Incident Commander	The person in charge of the overall command of Monash Health during an incident
Governance	Taking responsibility for the overall direction of the organisation, including the development of policy, which determines the purpose and goals of the service.
Hazard	A condition or event with the potential to cause harm to the community or environment. Natural hazards are phenomena such as disease, floods, earthquakes, bushfires, severe storms and temperature extremes. Technical hazards include transport accidents, industrial accidents and hazardous material incidents. Conflict hazards include riots, civil unrest, terrorism and war.
Hazard Analysis	Part of planning; identifies and describes risks and their potential outcomes.
Horizontal Evacuation	This entails using building exits to gain access to outside ground level, or going into

	unaffected wings of multi-building complexes.
Incident	An event that causes or may cause an interruption to or a reduction in the quality of the service(s) provided and requires a response from one or more agencies.
Incident Commander	The person in charge of the overall site management of the incident
Incident Command System (ICS)	A systematic tool used for the command, control, and coordination of emergency response
Incident Command Centre	The place within a hospital from where the incident is managed.
Incident Management Team	The team who manage the incident from the Incident Management Centre and who work from the Incident Command System based Action Cards.
Likelihood	Used as a qualitative description of probability and frequency.
Loss	Any negative consequence, financial or otherwise.
Major Incident	Any event that: • Presents a serious threat to the health status of a community. • Results in presentation to a health care provider more casualties or patients in number, type or degree than they are staffed or equipped to treat at that time • Requires a significant and coordinated response. • Leads to or represents the loss of services which prevent health care facilities from continuing to care for patients/clients.
Preparedness	Involves both *arrangements* and *measures*. *Arrangements* to ensure that, should an emergency occur, all those resources and services which are needed to cope with the effects can be sufficiently mobilized and deployed. *Measures* to ensure that, should an emergency occur, communities, resources and services are capable of coping with the effects
Recovery	The coordinated efforts and processes to effect the immediate, medium and long term care following a disaster.
Risk	The effect of uncertainty on objectives. Risk is often characterised by reference to potential events, their consequences and their likelihood.
Review	A formal process of updating, amending or re-planning based on evaluation outcomes.
Service partners	Other health sector personnel and may include but not be limited to, Private Hospitals, Community Health Centres, Local Govt., General Practitioners etc.
SITREP	A situation report – provided during an incident at predetermined intervals.
Stand-by “Code … Stand-by”	The period, normally following an alert, when deployment of resources is imminent. Personnel are ready to respond immediately.
Activation “Code …. Activate”	The agency is on full readiness response to the incident and has all processes and systems activated.
Stand-down “Code …. Stand-down”	The phase when an agency’s response is no longer required and services are wound back. Site teams are returned to base, and additional staff released from duty.
Triage	The process, by which casualties are sorted, prioritized and distributed, according to their need for first aid, resuscitation, emergency transportation and appropriate care.
Trigger Point	When the situation threatens to overwhelm the available resources in the area
Vertical Evacuation	The movement of patients in a downward direction. Typically this should be the next step after horizontal movement. Elevators for non-ambulatory patients can be used only after fire services have deemed elevators safe.
Zone	A clearly defined geographical area
Zone Warden	A person, who during an emergency, assumes control over a particular floor or evacuation zone under the direction of the Incident Commander, On a day to day basis they are responsible for emergency planning, local workplace training, and preventive activities for the zone and its regular occupants.

Appendix B: Fire Protection measures

Monash Health has a range of fire protection equipment and systems in place across the organisation. These include:

- Fire extinguishers
- Fire blankets
- Gas suppression systems (PABXP, electricity sub-station, main switch room, battery room, computer room)
- Hose reels
- Hydrants and canvas hoses
- Hydrant pumps and local water supply reservoirs
- Manual Call Points/Break glass alarms
- Smoke detectors
- Smoke doors/ceiling baffles
- Smoke curtain (Monash Children's Hospital)
- Smoke exhaust fans
- Sprinklers
- Stairwell pressurisation (Monash Children's Hospital)
- Thermal detectors
- Very early Smoke Detection Alarm (VESDA)

FIRE EXTINGUISHERS

Portable fire extinguishers are provided throughout Monash Health facilities and are selected to address the likely types of fire.

Extinguisher Type

The selection of suitable extinguishers depends on a number of factors including:

- Expected class of fire, including size and propagation.
- Construction and occupancy of the site.
- Special risk to be protected.
- Extremes of temperature expected.
- Availability and reliability of other manual and automatic fire -equipment.
- Expected time for the fire brigade to arrive.
- Expertise and capability of the likely user.
- Ability of the user to carry and operate the extinguisher.
- Possibility of adverse reactions, contamination or other effects on people or equipment.
- Possibly of winds or draughts affecting the distribution of the extinguishing agent.

The types and sizes of fire extinguishers for use within Monash Health are selected and installed in accordance with the requirements of AS-2444-2001, the class of fire they are intended to combat, and risk assessment related to their function. Technical advice is provided by the Engineering Department. In sprinkler protected areas, because large extinguishers are awkward to use and may pose an occupational health and safety risk, it is more practical to install the smaller and easier to operate extinguishers in the range 2 to 9 Kg.

Extinguisher Classification and Rating

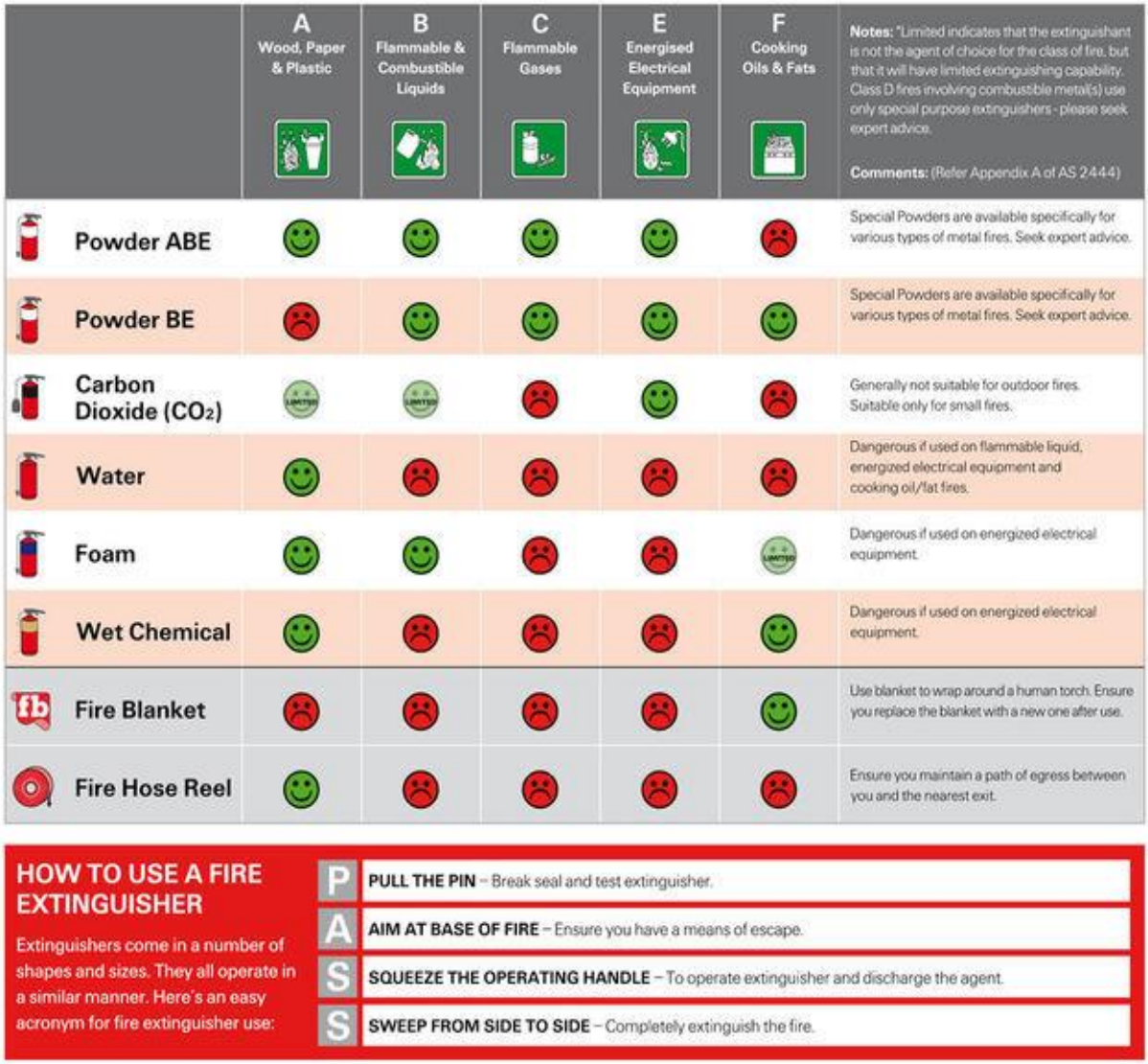
The main types of extinguishers for use in Monash Health and the classes of fires they are intended for are shown in the following table.

Table 1: Preferred extinguisher types for use in Monash Health by area

Area	Preferred extinguisher type	Commences
Patient Care Areas	1. CO_2 or 2. Dry Chemical Type ABE	3.5 kg minimum with flexible hose
Electrical Switchboards	1. CO_2 or 2. Dry Chemical Type ABE	As above, locate 2-20m from switchboard
Office Areas	1. Dry Chemical Type ABE 2. CO_2 or 3. Water	2.5kg minimum NB: Water should not be used on electrical equipment
Kitchens	1. Dry Chemical Type ABE and/or fire blanket, 2. Wet Chemical or Foam	7kg. minimum For cooking oils and fats; locate 2-20m from hazard (9.1Ltr for foam)
Flammable and combustible liquid storage e.g. workshops/paintshops	Foam	9.1 Ltr
Plant Rooms	1. Dry Chemical; 2.CO_2	4.5 kg minimum

Extinguishers are identified by colour (for extinguishing agent), and an alpha numeric rating, printed on the extinguisher, which relates to the types of fire each extinguisher is suited for.

Extinguisher Selection Chart



Characteristics of fire extinguishers

There is no one type of extinguisher that will universally cover all types of fires. For this reason, careful consideration needs to be given to the type of fire most likely to be encountered and the characteristic of the fire extinguisher type.

Carbon Dioxide (CO2). Carbon Dioxide extinguishers are suitable for the majority of fires - including electrical fires - but are not especially suitable for use outdoors and are not recommended for use on fires fed by flammable gases. CO2 extinguishers are recommended by fire agencies for use in patient care areas. Carbon Dioxide extinguishers displace air to produce an atmosphere deficient in oxygen which smothers the fire. Carbon Dioxide exists naturally in the environment and is readily re-absorbed into the atmosphere. It leaves no residue, is safe for fires involving energised electrical equipment and is the preferred extinguisher for use in electronic environments. It is generally not suitable for external use where wind could negate the smothering effect of the gas.

Warning: When used indoors in confined spaces it can produce concentrations of CO2 high enough to cause asphyxiation. During discharge the gas is very cold resulting in frost burn if handled incorrectly and the extinguisher can produce a loud noise which may startle an inexperienced fire fighter. The discharge of cold, dry gas may cause static electricity.

Chemical - Dry Powder. Dry powder extinguishers are suitable for use with electrical fires and will usually be found installed within 2 to 10 metres of electrical switchboards. Powder provides a rapid "knock down" effect for a range of fire types. When dry, it can easily be cleaned up with a vacuum cleaner. During discharge the extinguishing agent forms a dense cloud which can temporarily restrict vision and may cause respiratory irritation. Two types of these extinguishers are common within Monash Health:

- **Type AB(E)** This type can be used on all types of fire, **except cooking oils and fats**. They are suitable for timber, paper, plastics, flammable and combustible liquids, flammable gases, and electrical fires.
- **Type B(E)** This type is **not** recommended for fires of wood, paper and plastics, but can be used successfully on all other types of fire - including fire involving cooking oils and fats.

Wet Chemical. Wet chemical extinguishers contain an aqueous solution, typically of alkali metal salts, formulated to extinguish fires in cooking oils and fats by reacting with the surface oil or fat to shut off the air supply. It is also able to extinguish Class A fires.

Warning. The solution used in wet chemical extinguishers is usually alkaline, and consequently will corrode some metals, especially aluminium. It may also irritate eyes and skin. Prompt clean-up is advised. Wet Chemical extinguishers must not be used on fires involving energised electrical equipment.

Foam. Foam extinguishers are most suitable for fires fuelled by flammable and combustible liquids - but must **not** be used on electrical fires. They create a lasting blanket of foam which suppresses the fire after the extinguisher discharge is completed. They will generally only be installed where there are flammable liquids such as petroleum products and solvents.

Water. Water extinguishers are suitable for wood, paper and rubbish fires but are dangerous if used on electrical fires. Use will normally be restricted to areas with high wood or paper fuel loads, eg rehabilitation woodwork shops, paper storage, or record archives.

Appendix C: Incident Command Centre Locations and Contacts

	Location	Main Site Tel:	Direct extensions
Executive Management Team			
Email: **Executive_IMT@monashhealth.org**	Meeting Room 1 & 2, Level 2 Corporate Services E Block Clayton	9594 6666 (92)	42878 42879 42751 42752
Secondary Location	Public affairs Corporate suite E Block	Off-site Alternative HIMC location	Board Room Dandenong Hospital
Site Incident Management Centres			
Casey **Email:** **Casey_IMT@monashhealth.org**	Board Room	8768 1200 (96)	9769 4080 81494 81437 FAX: 8768 1951
MMC Clayton **Email:** **MMC_IMT@monashhealth.org**	Seminar rooms 1,2 and 3	9594 6666 (92)	42607 42608 42597 42813 42176
Dandenong **Email:** **Dandenong_IMT@monashhealth.org** **Secondary location**	Board Room Capital planning Level 1	9554 1000 (91)	41533 41534 41532 41535 (incoming calls only) 9791 9801 Dedicated fax line not through PABX 9791 9784 Dedicated phone line not through PABX Admin Fax line: 41120
Kingston **Email:** **Kingston_IMT@monashhealth.org**	Board Room	9625 1002 (94)	9265 1350 Fax 9265 1000
Moorabbin **Email:** **Moorabbin_IMT@monashhealth.org**	Meeting Room, level 3	9928 8111 (93)	88197 FAX: 9928 8191
Monash Children's Hospital **Email:** **MCH_IMT@monashhealth.org**	Consulting room 7 (level 2)	9594 6666 (92)	Prefix 03 857 IC 23888 OPS 23890 Logistics 23892 Planning 23894 Liaison 23896 Fax: 03 9543 5442

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