



Queensland Whole-of-Government Pandemic Plan

MARCH 2020

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For more information, contact:

Health Disaster Management Unit, Department of Health, GPO Box 48, Brisbane QLD 4001, email healthdisastermanagement@health.qld.gov.au, phone (07) 3708 5221.

Emergency Management Planning Unit, Qld Fire and Emergency Services, GPO Box 1425, Brisbane QLD 4001, email emplanning@qfes.qld.gov.au, phone (07) 3635 2393.

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Abbreviations

AHMPPPI	Australian Health Management Plan for Pandemic Influenza
BCP	Business Continuity Plan
DAF	Department of Agriculture and Fisheries
DATSIP	Department of Aboriginal and Torres Strait Islander Partnerships (Queensland)
DCDSS	Department of Communities, Disability Services and Seniors (Queensland)
DCS	Department of Corrective Services (Queensland)
DCSYW	Department of Child Safety, Youth and Women (Queensland)
DDMG	District Disaster Management Group
DES	Department of Environment and Science (Queensland)
DESBT	Department of Employment, Small Business and Training (Queensland)
DITID	Department of Innovation and Tourism Industry Development (Queensland)
DHPW	Department of Housing and Public Works (Queensland)
DJAG	Department of Justice and Attorney-General (Queensland)
DLGRMA	Department of Local Government, Racing and Multicultural Affairs (Queensland)
DNRME	Department of Natural Resources Mines and Energy (Queensland)
DoE	Department of Education (Queensland)
DoH	Department of Health (Australia)
DPC	Department of Premier and Cabinet (Queensland)
DSDMIP	Department of State Development, Manufacturing, Industry and Planning (Queensland)
DTMR	Department of Transport and Main Roads (Queensland)
HHS	Health and Hospital Service (Queensland Health)
IGEM	Inspector General Emergency Management (Queensland)
LDMG	Local Disaster Management Group
PSBA	Public Service Business Agency (Queensland)
QAS	Queensland Ambulance Service
QDMA	Queensland Disaster Management Arrangements
QDMC	Queensland Disaster Management Committee
QFES	Queensland Fire and Emergency Services
QH	Queensland Health
QHDISPLAN	Queensland Health Disaster and Emergency Incident Plan
QPS	Queensland Police Service
QRA	Queensland Reconstruction Authority
QSDMP	Queensland State Disaster Management Plan
SDC	State Disaster Coordinator
SDCC	State Disaster Coordination Centre
SDCG	State Disaster Coordination Group
SHECC	State Health Emergency Coordination Centre
WHO	World Health Organization
WoG	Whole-of-Government

1.0 Purpose and Scope

The purpose of the Queensland Whole-of-Government Pandemic Plan is to provide a strategic outline of the Whole-of-Government (WoG) responses to a disease capable of causing a pandemic to support Queensland Health (QH) as the lead agency.

2.0 Governance

2.1 Governing Authorities

- The World Health Organization (WHO) is responsible for identifying pandemic threats internationally and is regarded as the authoritative voice on mitigation strategies against emerging and established pandemic threats.
- The Australian Government's Department of Health (DoH) is the lead agency for pandemic response at the federal level.
- QH is the lead agency for pandemic response in Queensland, reporting to the Queensland Disaster Management Committee (QDMC) and the relevant Cabinet sub-committee.

2.2 Governing Plans

The following plans and reference documents have informed the development of this plan:

- **The WHO Influenza Risk Management Guide** introduces a risk-based approach to pandemic influenza risk management and encourages Member States to develop flexible plans based on national risk assessment, and considering the global risk assessment conducted by WHO
- **The Australian Health Management Plan for Pandemic Influenza (AHMPPI)**, the federal government health sector pandemic influenza plan, outlines the agreed arrangements between the Australian Government and State and Territory Governments for the management of an influenza pandemic
- **The Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)** outlines the approaches to responding to a COVID-19 throughout the different stages of the event
- **Emergency Response Plan for Communicable Disease Incidents of National Significance: National Arrangements** establishes agreed national coordination and communication arrangements for the management of communicable disease incidents of national significance, consistent with the high-level crisis management arrangements outlined in the Australian Government Crisis Management Framework
- **The Queensland Health Pandemic Influenza Plan** (to be read in conjunction with the Queensland Health Disaster and Emergency Incident Plan) provides a strategic outline of QH responses to an influenza pandemic. It does not include detailed operational procedures

- **The Queensland State Disaster Management Plan (QSDMP)** describes Queensland's disaster management arrangements (QDMA) that implement the guiding principles and objectives of the *Disaster Management Act 2003* along with the Emergency Management Assurance Framework (EMAF). All events, whether natural or caused by human acts, should be managed in accordance with the QSDMP
- **Queensland Prevention, Preparedness, Response and Recovery Disaster Management Guideline** provides flexible, good practice suggestions and advice to those responsible for implementing disaster management practices
- **Queensland Recovery Plan** provides information and guidance on the governance, planning and operations issues relating to disaster recovery for all hazards.

3.0 Background

Pandemics are epidemics on a global scale. For a disease to have pandemic potential it must meet three criteria:

- Humans have little or no pre-existing immunity to the causative pathogen
- Infection with the pathogen usually leads to disease in humans
- The pathogen has the capacity to spread efficiently from person to person.

Pandemics can be prolonged, continuing for many months or for over a year. The impact of a pandemic is highly variable but can be very widespread, affecting many areas of daily life. Because the human population has little or no immunity to the disease, it can spread rapidly across the globe and may result in high numbers of cases and deaths.

The impact of a pandemic depends on how sick the pathogen makes people (clinical severity), the ability of the pathogen to spread between people (transmissibility), the capacity of the health system, the effectiveness of interventions and the vulnerability of the population.

3.1 Person to person transmission

Human infection occurs through the transfer of a pathogen from an infected person to a susceptible person.

Droplet transmission occurs when contagious droplets produced by the infected host are propelled into the environment through coughing or sneezing.

Airborne transmission refers to the production of droplet nuclei <5µm in diameter, which can stay suspended in the air and be disseminated by air currents. These particles can infect a susceptible host through inhalation. The classic example of a pathogen transmitted by airborne droplet nuclei is the measles virus.

Contact transmission refers to contact with bodily secretions through direct person-to-person contact and indirectly, through contact with contaminated objects such as hands, door handles and toys.

3.2 Differences between pandemic and other disasters

Some impacts of a pandemic are similar to those experienced in other disaster events, however some are specific to the pandemic environment and may result in circumstances not previously experienced in the community.

In Queensland, disaster impacts are usually significant for localised communities and the individuals and families within those communities. Pandemics are expected to have a quite different impact. The physical infrastructure of our communities is unlikely to be affected, however it is expected that there could be high rates of illness and potentially some deaths, as well as impacts to the economy and trade. The effects would be sustained over a longer period of time and could be felt across the whole state.

Scale of impact. A pandemic could impose a major strain on health, emergency services and social and economic functioning generally. When a significant proportion of the population is affected, this can lead to disruption of critical infrastructure or services. Disaster management responses developed to deal with smaller level, localised disasters may require further planning to adapt to the need for large scale response.

Duration of impact. The first wave of a pandemic may last several months, and can be followed by further waves of infection, with less intense periods of infection as more people become immune.

Overall level of community concern and uncertainty. The impacts of a pandemic may be long-lasting and cause widespread disruption, concern and uncertainty for populations.

4.0 Queensland Disaster Management Arrangements

4.1 Disaster Management Structures

Queensland's disaster management arrangements enable a progressive escalation of support and assistance through the four tiers as required. These arrangements are well tested and are fit-for-purpose for a pandemic hazard. These arrangements comprise several key management and coordination structures for achieving effective disaster management in Queensland.

The management and coordination structures are:

- **Disaster management groups** that operate at local, district and state levels and are responsible for the planning, organisation, coordination and implementation of all measures to mitigate/prevent, prepare for, respond to and recover from disaster events

- **Coordination centres** at local, district and state levels that support disaster management groups in coordinating information, resources and services necessary for disaster operations
- **Disaster management plans**, developed to ensure appropriate disaster prevention, preparedness, response and recovery at local, district and state levels
- **Functional lead agencies** through which the disaster management functions and responsibilities of the state government are managed and coordinated
- **Hazard specific primary agencies**, responsible for the management and coordination of combating specific hazards
- **Specific-purpose committees**, either permanent or temporary, established under the authority of disaster management groups for specific purposes relating to disaster management. This also includes the establishment of Cabinet sub-committees, which can be established for a specific purpose to oversee response and or recovery operations.

4.2 Key Roles and Responsibilities

Queensland Disaster Management Committee (QDMC) and specific purpose Cabinet sub-committees provide senior strategic leadership and decision making in relation to disaster management across all four pandemic phases (see Section 5.0).

State Disaster Coordinator (SDC) coordinates the disaster response operations for QDMC, reports regularly to the group about such operations and ensures that any strategic decisions by QDMC about disaster response operations are implemented.

Leadership Board meetings (comprised of all relevant Director-Generals) are convened from time to time to specifically coordinate and provide strategic leadership across Government and to the relevant Ministerial bodies across all four pandemic phases (see Section 5.0).

State Disaster Coordination Group (SDCG) supports the SDC and Leadership Board in areas such as coordinating disaster response operations for the QDMC and ensuring, as far as reasonably practicable, that any strategic decisions by the QDMC about disaster response operations are implemented.

State Disaster Coordination Centre (SDCC) supports the QDMC, SDCG and SDC through the coordination of the state-level operational response during disaster operations. The SDCC also ensures information about an event and associated disaster operations is disseminated to all levels in Queensland's disaster management arrangements.

Chief Executive (Commissioner, Queensland Fire and Emergency Services (QFES)) ([Disaster Management Act 2003](#)) ensures that disaster management and operations are consistent with strategic policy frameworks, the SDMP and disaster management standards and guidelines, and

establishes and maintains arrangements between the state and Commonwealth. The chief executive also provides advice and support to the local, district and state groups and ensures that persons performing functions under the Act are appropriately trained.

Functions of Local Government are outlined in Section 80 of the [Disaster Management Act 2003](#), one of which is ensuring local governments have a disaster response capability. A '**disaster response capability**' for local government means the ability to provide equipment and a suitable number of persons, using the resources available, to effectively manage or help another entity to manage an emergency situation or a disaster in the local government area (LGA).

Local Disaster Management Groups (LDMG's) are established by local governments to support and coordinate disaster management activities for their respective LGAs.

District Disaster Management Groups (DDMG's) provide whole of government planning and coordination capacity to support local governments in disaster operations and disaster management.

Hospital and Health Services (HHS) usually acts as the lead agency for a pandemic response on the LDMG/DDMG to provide specialised response capability.

Queensland's disaster management arrangements may be utilised to support QH in the management of a pandemic. The functions, roles, responsibilities and networks in disaster management, including for pandemics, are outlined in the SDMP.

Across the prevention, preparedness and response phases of a pandemic, the type of specific assistance required will be identified by QH as the lead agency and requested via the SDCG or via the SDCC (when activated) who will then coordinate with the relevant entities. The support provided by disaster management groups must align with the SDMP and/or requirements of the State Health Emergency Coordination Centre (SHECC) and their relevant HHS. As the response phase escalates, it is envisaged that LDMG's and DDMG's response would move to 'stand up' in support of their relevant HHS as the lead agency.

As outlined in the SDCC Concept of Operations, the decision to activate the SDCC would occur through consultation between relevant functional lead agencies. The SDCC can be activated by the following personnel:

- QFES, Deputy Commissioner, Readiness and Response Services
- Executive Officer, QDMC
- SDC.

The Chair of QDMC or specific purpose Cabinet Committees (in both cases, the Premier) will (in consultation with the Chief Health Officer and QDMC/Cabinet Committee members) make key decisions to support the response in consultation with national decision-making mechanisms that are

activated for the pandemic event (i.e. the National Cabinet e.g. mass gatherings). The Director-Generals will meet regularly to support a coordinated response and provide advice to the QDMC/Cabinet Committee Chair on key issues. When required, specific purpose Cabinet sub-committees will be established to coordinate the response, including recovery efforts.

To ensure effective coordination, QH will lead the development of key health information throughout the pandemic event. Entities should be guided by health advice and warnings provided by QH to determine their agency-specific planning considerations to ensure effective management of services during the pandemic event. Furthermore, agencies who are affected by the impacts of a pandemic should inform their limitations to capability via their internal reporting processes, and subsequently through the arrangements to assist with strategic planning decisions.

4.3 Communication

Clear and consistent communication is crucial to minimising the risk to public health and safety during the various stages of a pandemic. To ensure consistent messages are delivered to the public, the SHECC leads all communication and media engagement activities for QH and provides guidance, including advice from the Australian Government, to the Crisis Communication Network (CCN) which leads the whole-of-government communication. The governance and principles guiding the work of the CCN are outlined in the Queensland Whole of Government Pandemic Communication Plan (Annexure 1). The Health Contact Centre (13 HEALTH) and website <https://www.health.qld.gov.au> will be the primary point of contact for the public. Key messaging for whole-of-government will be coordinated by the SDCC Public Information Capability.

5.0 Pandemic Phases

5.1 Phases

Queensland Whole-of-Government activities detailed in this plan are structured to reflect the AHMPPI 2014 response stages. Table 1 demonstrates how the stages within the AHMPPI align with the activation phases outlined in the QSDMP and the Queensland Health Disaster and Emergency Incident Plan (QHDISPLAN).

Table 1 Emergency management framework – AHMPPI, QHDISPLAN and QSDMP

AHMPPI Stages	AHMPPI Sub-stages	Characteristics of the disease that inform key activities	Queensland response arrangements
Prevention	Prevention	No novel strain detected or emerging strain under initial investigation	Prevention
Preparedness	Preparedness	No novel strain detected or emerging strain under initial investigation	Preparedness
Response	Standby	Sustained community person-to-person transmission overseas	Alert Lean Forward
	Initial Action	Cases detected in Australia Initial	Stand Up
	Targeted Action	- When information about the disease is scarce Targeted - When enough is known about the disease to tailor measures to specific needs	
	Stand Down	Virus no longer presents a major public health threat	Stand Down
Recovery	Recovery	Virus no longer presents a major public health threat	Recovery

**Prevention and recovery are not the primary focus of the AHMPPI. It is acknowledged that the consequence management arrangements for recovery may be in play before the move to 'recovery'.*

5.2 Summary of Queensland Health activities for pandemic management

The **Chief Health Officer** provides high-level medical advice to the Chief Executive and the Minister on health issues, including policy and legislative matters associated with the health and safety of the Queensland public.

Relevant Legislation:

- [Queensland Public Health Act \(2005\)](#): Chapter 8 Public Health Emergencies
 - Part 2: Declaring a public health emergency (S. 319 – S. 326)
 - Part 3: Emergency notifiable conditions (S. 327 – S. 331)
 - Part 4: Role of chief executive (S. 332)
 - Part 5: Appointment of emergency officers (S. 333 – S. 342)
 - Part 6: Powers of emergency officers (S. 343 – S. 348), Entry of Places and Emergency Powers
 - Part 7: Extra Powers of emergency officers (medical) (S. 349 – S. 362, Detention Powers, Extension of detention order, Other provisions about detention
 - Part 8: General enforcement matters (S. 363 – 365)
 - Part 9: Compensation (S. 366 – 372).

The published Queensland Health Pandemic Influenza Plan provides a strategic outline of QH response to an influenza pandemic.

Table 2 summarises QH activities for pandemic influenza management. This advice is likely to be modified for pandemic caused by a different pathogen.

Table 2 QH activities for pandemic influenza management

Prevention
<ul style="list-style-type: none"> • Promote good personal hygiene measures to health care workers and the general public e.g. hand hygiene, respiratory etiquette (cover coughs/sneezes, use of disposable tissues) staying away from others while sick. • Promote seasonal influenza vaccine uptake in at-risk and vulnerable groups, in those that may transmit influenza to at-risk and vulnerable groups, in essential service workers (especially health care workers) and in the general public. • Contribute to influenza surveillance programs. • Contribute to research related to pandemic influenza management strategies. • Collaborate with regional neighbours where pandemic strains are more likely to emerge, through surveillance systems and early response to clusters of influenza viruses with pandemic potential. • Collaborate with the animal health sector to facilitate a One Health approach.
Preparedness
<ul style="list-style-type: none"> • The DoH will develop, maintain, test and revise the Queensland Health Pandemic Influenza Plan and participate in an expert advisory capacity to the whole-of-government plan. • HHSs and the DoH need to develop and maintain a health workforce with the skills necessary to implement pandemic response strategies.
Response
<ul style="list-style-type: none"> • Activate QH's disaster and emergency incident arrangements. • Commence enhanced surveillance to characterise the disease and inform decision-making. • Contribute to case identification strategies at the international/domestic border if directed by the Australian or Queensland Government. • Deliver health care to affected communities while maintaining essential core business. • Provide information to health care staff, the media and the community. • Isolate cases and contacts in healthcare settings and in the community. • Identify and consider use of antiviral agents to cases (treatment) and contacts (pre and post-exposure) and facilitate access as required. • Provide pandemic vaccine as per the DoH. • Establish flu clinics (also may be referred to as fever clinics) and mass vaccination clinics. • Provide recommendations to the State Health Controller regarding the implementation of social distancing measures e.g. school and workplace closures, cancellation of mass gatherings. • Provide advice to inform mental health services to affected persons and communities. • Stand down enhanced arrangements when appropriate.
Recovery
<ul style="list-style-type: none"> • Contribute to community recovery as coordinated by the Queensland Reconstruction Authority and Department of Communities, Disability Services and Seniors.

5.3 Coordination Arrangements

To assist with strategic planning and coordination for a pandemic event, Table 3 outlines the identified supporting capabilities, which entities within the QDMA may be requested to provide. These are in addition to the roles and responsibilities outlined in the QSDMP. It should be noted that the supporting agency list is a guide only.

Table 3 Supporting capabilities

Disaster Phase	Lead Agency	Supporting Agency	Supporting Plan
Prevention and Preparedness			
Revise the Queensland Health Pandemic Influenza Plan to a pandemic plan	QH		Queensland Health Pandemic Influenza Plan
Develop and maintain the Queensland WoG Pandemic Plan	QH/QFES	All	Queensland WoG Pandemic Plan
Incorporate pandemic planning into existing business continuity plans and disaster management planning	All		Business continuity plans and agency specific pandemic plans for relevant QDMA entities
Incorporate pandemic planning into existing local disaster management plans	LDMGs		Local disaster management plans
Incorporate pandemic planning into existing district disaster management plans	DDMGs		District disaster management plans
Response			
Identify and secure resources required to assist establishment of assessment clinics and/or staging facilities	QH	QPS, QAS, QFES, DCDSS, DHPW, LDMG, DDMG, SDCC	
Respond to requests to screen passengers at international entry points	QH in support of Australian Border Force	QFES, QPS, QAS, DCDSS, DHPW, DTMR	Queensland Reception Plan (QRECPLAN) (QFES)
Identify and secure resources required to meet mass isolation requirements	QH	QPS, QFES, QAS, DAF, DATSIP, DCDSS, DCSYW, DoE, DHPW, DITID, DJAG, DLGRMA, DNRME, DSDMIP, DTMR, PSBA, QRA, LDMG, DDMG, SDCC	

Identify and secure resources required to meet mass isolation, quarantine and detention requirements	QH	QPS, QFES, QAS, DAF, DATSIP, DCDSS, DCSYW, DoE, DHPW, DITID, DJAG, DLGRMA, DNRME, DSDMIP, DTMR, PSBA, QRA, LDMG, DDMG, SDCC	
Identify and secure resources required to meet mass fatality requirements	QH	QPS, QAS, QFES, DCDSS, DHPW, DTMR, LDMG, DDMG, SDCC	Queensland Health Mass Casualty Incident Plan (2016)
Lead and manage education planning and response to pandemic	DoE	DPC, QH	
Key decisions will be made by the Premier in consultation with the Chief Health Officer and Queensland Police Service Commissioner	DPC	QH, QPS	
Director-Generals will meet on a regular basis to discuss matters that need to be resolved and provide advice to the Premier	DPC	All	
Consider recall of Queensland Government staff located/travelling overseas	DPC	All	
Defer all non-essential international/intrastate travel affected areas	All		
Defer all non-essential international/intrastate travel	All		
Implement business continuity plans	All		Business continuity plans and agency specific pandemic plans for relevant QDMA entities
Communications	QH DPC	All	Queensland Government Crisis Communication Plan Queensland Whole of Government Pandemic Communication Plan
Lead on policy and doctrine to support/reduce impact on public service staff	PSC & OIR	All	Minister for Industrial Relations Directive: Employment Arrangements in the Event of a Health Pandemic

Recovery

Note: Refer to the Queensland Recovery Plan	QRA	All	Queensland Recovery Plan
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Annexure 1

Queensland Whole-of-Government Pandemic Communication Plan

Integrated Communication, Department of the Premier and Cabinet
March 2020

1.0 Background

The Queensland Government has extensive experience in crisis management, particularly in relation to natural disasters where impacts are often significant for localised communities. An influenza pandemic is expected to have a very different impact and require a different response, including the way in which the Queensland Government communicates with communities, stakeholders and employees. The impact is likely to be significant not only on health services but also on many other government services, as well as the wider impact to the economy and trade. The effects are likely to be sustained over a long period of time and are likely to be felt across the whole state.

2.0 Purpose

The purpose of the Queensland Whole-of-Government Pandemic Communication Plan is to provide a strategic communication framework for the Whole-of-Government (WoG) response to an influenza pandemic, in support of Queensland Health (QH) as the lead agency.

3.0 Objectives

This plan aims to:

- Prioritise public safety
- Align with and contribute to achieving the objectives of the *Queensland State Disaster Management Plan (2016)* and the *Queensland Whole of Government Pandemic Plan*
- Clarify both the communication roles and responsibilities of the lead agency during the pandemic event, and those that support it
- Ensure coordinated, consistent communication by the Government with the community and stakeholders
- Protect and manage the Government's reputation.

4.0 Responsibilities

QH is the lead agency for a pandemic and has the central role in coordinating public information through the State Health Emergency Coordination Centre (SHECC). The State Disaster Coordination Centre (SDCC) Public Information Capability (PIC), engages with internal stakeholders across government to develop key messages and talking points, as well as monitor traditional media and digital channels.

The lead agency and PIC are supported by the Crisis Communication Network (CCN). The CCN, chaired by the Executive Director, Integrated Communications, Department of the Premier and Cabinet (DPC), provides overall support and direction about the WoG response, with the CCN

Secretariat (Integrated Communication DPC), providing advice to CCN representatives and administrative support.

Resourcing from agencies across the Queensland Government will be required to staff an extended pandemic crisis communication response. DPC will lead the establishment of a Crisis Communication Taskforce to support QH and SHECC during a pandemic response and function as the CCN Secretariat. Key roles and responsibilities will broadly focus on:

- WoG messages (daily or as directed by the Chair CCN)
- Proactive communication to ensure health messages are targeted to communities
- Communications collateral including, but not limited to, translated materials, digital communication tools and traditional communication pieces such as fact sheets etc.
- Advertising
- Media and social monitoring
- Internal communications.

A Stakeholder Engagement Taskforce should also be established and will be led by DPC with support from other Queensland Government agencies.

5.0 Queensland Government disaster management structures

An extensive network of bodies exists in Queensland to respond to major issues and crises. Some of these bodies operate at a strategic level, including the Queensland Disaster Management Committee (QDMC) and the Queensland Security Cabinet Committee (QSCC), and other specific purpose disaster/public health management Cabinet Committees chaired by the Premier. Other bodies are more operational, including the SDCC.

The CNN chair is the liaison between all these groups when coordinating public information. Further detail on this framework can be found in the *Queensland State Disaster Management Plan (2016)*.

6.0 Queensland Government issues and crisis communication response framework

Lead agency (Queensland Health)

The lead agency leads the public information response. This response is activated and deactivated by the lead agency in collaboration with the chair of the CCN. In some instances, a fully staffed PIC will also activate. In these cases, this will also be the trigger to stand up the CCN. Standing up a PIC will depend on the issue or crisis at hand and will always occur when the SDCC is stood up. When the PIC is activated, departments will input information (including departmental talking points for use in WoG key messages) through the Emergency Management System. This ensures consistent,

up-to-date and timely information and messaging is distributed through the PIC. Information and messaging from departments may also be distributed through the CCN alongside the PIC.

The lead agency will:

- Liaise with the chair and secretariat of the wider CCN
- Brief the Premier with situation reports (aka sitreps)
- Brief all federal agencies, where appropriate
- Brief key stakeholders, in consultation with the CCN Secretariat Team (staffed by DPC)
- Draft communication material and share the material with the CCN Secretariat Team; draft media talking points for their Minister or other lead spokespeople (e.g. Police Commissioner), and media releases
- Deploy media and communication officers to the scene of the incident (in line with safety measures)
- Organise on-site media conference/s, if relevant, liaising with relevant parties to arrange logistics.

Crisis Communication Network (CCN)

Activation of the CCN is a cornerstone of the government's crisis response. The CCN comprises communication heads and staff from relevant agencies (including government-owned corporations) and is chaired by the Executive Director, Integrated Communication, DPC and the deputy chairs, Director, Strategic Communication, DPC and Director, External Relations and Services, DPC.

The chair, or by proxy, the deputy chair, will:

- Activate, coordinate and deactivate the CCN
- Attend QDMC, QSCC or other strategic leadership meetings to report on public information matters and liaise with the CCN on return regarding implementation of decisions
- Work with the lead agency to establish the PIC. The CCN can, where possible, be stood up prior to the PIC being activated
- Conduct a review of the crisis/issue's response during recovery mode.

The chair and the secretariat will:

- Provide direction and support throughout the life of the major issue or crisis
- Issue a communication protocol to members of the network, including timeframes for talking points
- With representatives of the lead agency, participate in relevant meetings to report on public information matters and liaise with the CCN on return regarding implementation of decisions
- Provide advice to CCN members on the key themes and strategic messages that each agency can build into its own public information products

- Provide direction to CCN members about the development of talking points, media releases, promotional resources and advertising.

CCN members will:

- Represent their agency
- Contribute regular key talking points to their agency's situation reports
- Work together to problem solve key communication and resourcing issues that arise
- Work together to ensure communication is accurate, timely, coordinated and consistent within and between agreed authoritative sources
- Provide staff members to assist in the PIC in the SDCC, or similar functional work units including communication and stakeholder taskforces
- Share advice about key communication activities and mechanisms to distribute information
- Communicate advice from the CCN to their agency, ministerial offices and stakeholders, as relevant.

CCN Secretariat Team

The CCN Secretariat team (DPC, including Crisis Communication Taskforce and Stakeholder Engagement Taskforce) will:

- Issue an activation email to the CCN when a major issue or crisis becomes apparent, with initial instruction and a request for reply to acknowledge receipt of the email
- Offer advice and direction to the lead agency about key stakeholder briefings
- Assist Smart Service Queensland (SSQ) to coordinate script updates (from relevant agencies) for public hotlines/call centres
- Activate integrated Queensland Government content that supplements and links to other content and websites in a major issue or during a crisis, and provides general information not relevant to any particular portfolio
- Assist in transitioning business-as-usual media monitoring functions performed by DPC about the major issue or crisis to the PIC
- Allocate a media officer on site at the scene of the emergency or where the issue is unfolding (to supplement the work of the agency) if deemed necessary.

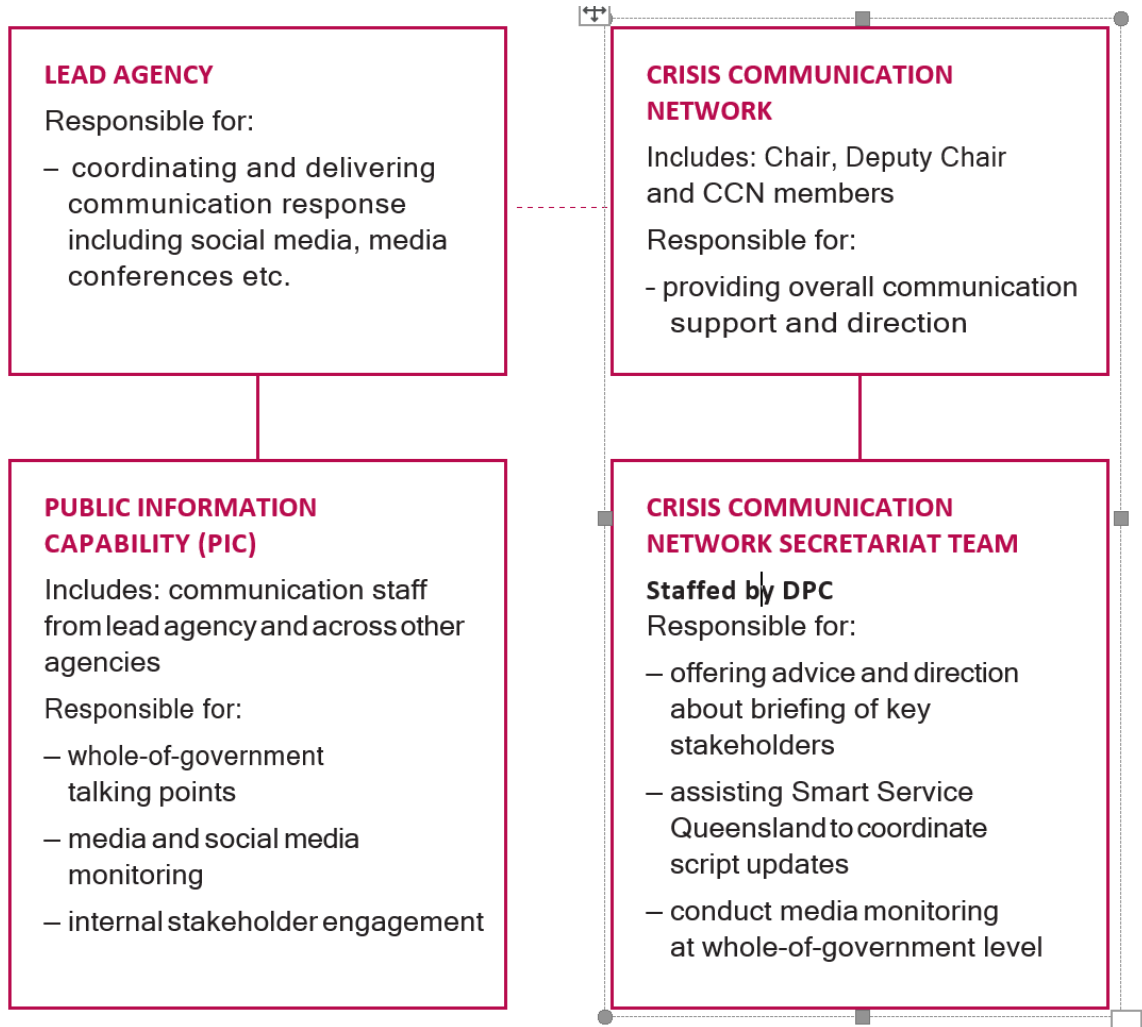


Figure 1 Queensland Government issues and crisis communication response framework

7.0 Strategic communications approach

Overarching WoG communication goals

- Queenslanders feel safe, supported and informed during the outbreak
- Queensland Government maintains brand credibility as a trusted source of accurate, timely information on the pandemic
- Queenslanders have the information they need to play their part to contain the pandemic, and keep themselves and their families well.

Principles

The following principles will guide the Queensland Government's response throughout all phases of the pandemic. They serve as indicators to help staff make decisions about the communication response and may be particularly useful during stressful times, ensuring a consistent approach by all personnel.

Truth

- Provide stakeholders with accurate, transparent and regular updates on the issue.

Empathy

- People come first. Public safety is the government's highest priority
- Recognise and consider the needs of the people who have been directly or indirectly affected by the issue
- Always demonstrate empathy towards those impacted.

Consistency

- Approved key messages developed by the lead agency should be the basis of all communication
- Messaging and materials must be approved through existing departmental approval channels before they are released to internal and external stakeholders.

Integrity

- Respect the confidentiality of all involved—never release or confirm personal information without the express consent of those involved and/or the authorities.

Collaboration

- All government departments and agencies at state, federal and local levels must work together to develop the communication response and to support the lead agency. This will help ensure messaging is fulsome, accurate and timely and the communication needs of all stakeholders have been considered
- Regular updates must be shared between all relevant departments and agencies to ensure communication with their stakeholders is consistent with WoG messaging.

Effectiveness

- Ensure all relevant requests for information are referred to the lead agency, and they have been equipped with issue-specific key messages
- Only approved spokespeople can comment on behalf of the government
- Provide an appropriate level of detail regarding the steps being taken to bring the situation under control
- If necessary, seek legal counsel on communication involving regulatory enforcements, contractual obligations or illegal activity.

Key audiences

- General public
- Stakeholders (the development of a stakeholder engagement plan will be led by the CCN – Stakeholder Engagement Taskforce within Integrated Communication, DPC)
- Queensland Government employees.

Key channels

- QH website as lead agency
- qld.gov.au
- Public call centre– 13QGOV
- 13HEALTH (QH medical advice)
- Social media (QG Facebook, QH Facebook, Twitter, Instagram, LinkedIn)
- Paid advertising (radio, TV, newspaper, search, online)
- Queensland Government internal communications
- Traditional media.

Sources of information

- Queensland Health – Chief Health Officer, SHECC
- Queensland Government – SDCC
- Australian Government
- World Health Organisation (WHO).

Key messages

Key messages should be communicated clearly and consistently by all agencies to stakeholders at all stages of a pandemic response. This includes overarching information about where to find information, the role of Government and community in the response and specific health messages (e.g. good hygiene). Specific messaging will be developed for each pandemic event.

Communication protocols

Media

In the event of a major issue or crisis, it is important to recognise the media will likely act as a conduit to the broader community, therefore adherence to media protocols is critical.

As previously stated in the roles and responsibilities section, the lead agency and government departments are responsible for creating media material and liaising with the media relative to their portfolio.

Agencies should refer to their media protocols to ensure only authorised representatives address the media.

Internal communication

The CCN – in partnership with the lead agency and the Public Service Commission – will assist in developing and coordinating WoG messaging for the purposes of internal communication in a crisis. Individual departments can develop tailored internal communication and information and content during a crisis but must use the endorsed WoG key messaging.

The Public Service Commission administers a WoG email that may be used by the Premier or the Commission Chief Executive for statewide communication to employees if required. DPC will provide content endorsed by the Director-General for use across government where necessary.

Social media

Best practice social media protocols are detailed in the Queensland Government Crisis Communication Plan and should be adhered to, particularly ensuring:

- A proactive approach to providing general updates about the issue/crisis is taken with all external communication, including social media. However, no proactive posts containing sensitive information should be considered until senior representatives of the CCN Secretariat Team are consulted
- It is important departments' social media accounts, other relevant accounts and relevant hashtags are regularly monitored. Social media monitoring tools (like Hootsuite, Tweetdeck and Mention) are essential. The PIC monitors social media more broadly across the crisis.

Frontline staff

SSQ will provide support to the call centre relating to external communication activity, liaising with the CCN where necessary.

Frontline staff at other agencies will direct calls to relevant agencies, and media calls will be directed to either the lead agency (for operational enquiries) or the chair of the CCN (for WoG enquiries).

The following best-practice crisis and major issues protocol for frontline staff should be considered by anyone who manages frontline staff during this sensitive time. Queensland Government frontline staff should be instructed to:

1. Refer enquiries to SSQ
2. Refer media enquiries to the lead agency or chair of the CCN
3. Remain friendly and polite when dealing with any calls during the major issue/crisis.

Stakeholder engagement

Existing departmental mechanisms to facilitate government communication with specific target audiences and stakeholders will continue to apply.

When dealing with a major issue or crisis, it may be appropriate to include relevant external stakeholders in CCN meetings to provide broader contextual information. In some instances, CCN members may also seek the assistance of stakeholders to facilitate more targeted distribution of information.

As outlined above, DPC will lead the development of a detailed Stakeholder Engagement Plan utilising resources from across Queensland Government.